IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF GEORGIA
SAVANNAH DIVISION

JACQUELYN ORR and WILLIAM ORR,	)	
Plaintiffs,	)	
vs.	)	CIVIL ACTION NO. 416-52
MACY'S RETAIL HOLDINGS, INC.,	)	
Defendant.	)	

EXPERT WITNESS REPORT OF MARKUS NIEDERWANGER, M.D.

COMES NOW, Markus Niederwanger, M.D. pursuant to Federal Rules of Civil Procedure 26(a)(2)(B), and files this report as follows:

1. IDENTITY OF EXPERT WITNESS.

Dr. Markus Niederwanger
Optim Orthopedics
210 East DeRenne Ave.
Savannah, Georgia 31405

2. COMPLETE STATEMENT OF ALL OPINIONS TO BE EXPRESSED AND THE BASIS AND REASONS THEREFORE:

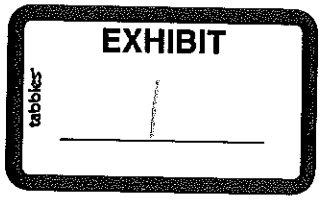
See Exhibit "1" attached hereto.

3. THE FACTS OR DATA CONSIDERED BY THE WITNESS IN FORMING HIS OPINION:

See Exhibits "1," "2" and "3" attached hereto.

4. ANY EXHIBIT TO BE USED AS A SUMMARY OF OR IN SUPPORT OF THE OPINIONS:

See Exhibit "2" and "3" attached hereto.



5. THE QUALIFICATIONS OF THE WITNESSES INCLUDING A LIST OF PUBLICATIONS AUTHORED BY THE WITNESS WITHIN THE PRECEDING TEN (10) YEARS:

See Exhibit "4" attached hereto.

6. A LISTING OF OTHER CASES THE WITNESS HAS TESTIFIED AS AN EXPERT WITNESS AT TRIAL OR DEPOSITION WITHIN THE PRECEDING FOUR (4) YEARS:

Not applicable

7. COMPENSATION TO BE PAID FOR THE STUDY AND TESTIMONY:

$1,500 per hour, $10,500 incurred to date.

This 27th day of May, 2016.

/s/R. Scot Kraeuter
R. Scot Kraeuter
Georgia Bar No. 428960

Johnson, Kraeuter & Dunn, LLC
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Savannah, Georgia 31401
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MACY'S RETAIL HOLDINGS, INC.	)	
Defendant.	)	

CERTIFICATE OF SERVICE

This is to certify that I am counsel for the Plaintiffs and that I have this day served the foregoing pleading upon all parties to this matter by filing with the Court's CM/ECF system, which will automatically e-mail notification of same to the following counsel of record:

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This 27th day of May, 2016.

/s/R. Scot Kraeuter
R. Scot Kraeuter
Georgia Bar No. 428960

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Report for Jacquelin Orr, DOB _____

I have been in clinical practice since 1998 and I am a fellowship trained and ABMS Board Certified physician in PM&R and in Pain Medicine. I have experience in evaluation and treatment of CRPS through residency, fellowship, clinical practice and continued medical education activities. My CV is attached.

Summary:

Ms. Orr presented on 10/27/2015 with chief complaint of pain in her right forearm that was per her report caused by trauma from a falling doorframe at Macy's in April 2015.

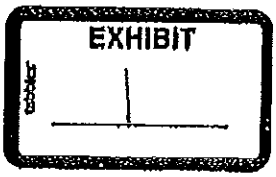
It is my opinion, that soft tissue trauma in general can cause CRPS and that the specific trauma from April 2015 can cause the CRPS diagnosed in Ms. Orr.

It is my opinion, that the trauma in April 2015 reported by Ms. Orr with a reasonable degree of medical probability caused her symptoms and CRPS 1 in the right upper extremity and that with a reasonable degree of medical probability her symptoms are chronic and permanent.

Definition CRPS:

CRPS usually develops after trauma to a limb and the pain is disproportionate in time or intensity to the usual course of pain after injury (Fukushima F et al.: Complex regional pain syndrome. BMJ 2014 Jun 25;348:g3683. doi: 10.1136/bmj.g3683). CRPS is characterized by constant regional neuropathic pain that does not follow the usual distribution of a dermatome or nerve territory and is usually associated with abnormal sensory, autonomic, motor and/or trophic changes (Fukushima F et al.: Complex regional pain syndrome. BMJ 2014 Jun 25;348:g3683. doi: 10.1136/bmj.g3683). The pathophysiology of CRPS is multifaceted and remains incompletely understood (Fukushima F et al.: Complex regional pain syndrome. BMJ 2014 Jun 25;348:g3683. doi: 10.1136/bmj.g3683). There are no specific tests to diagnose or exclude CRPS (Fukushima F et al.: Complex regional pain syndrome. BMJ 2014 Jun 25;348:g3683. doi: 10.1136/bmj.g3683). Diagnosis relies almost exclusively on clinical assessment and is currently based on the Budapest criteria (Fukushima F et al.: Complex regional pain syndrome. BMJ 2014 Jun 25;348:g3683. doi: 10.1136/bmj.g3683).

Two prospective studies evaluated the incidence of CRPS after a fracture. It occurred in 3.8% of 1549 patients within 4 months after a wrist fracture (Moseley GL et al.: Intense pain soon after wrist fracture strongly predicts who will develop complex regional pain syndrome: prospective



cohort study. J Pain 2014; 15:16-23) and in 7% of 596 patients within one year after a fracture (Beerthuizen A et al. Demographic and medical parameters in the development of complex regional pain syndrome type 1: prospective study on 596 patients with a fracture. Pain 2012; 153:1178-92).

It is known and accepted in the medical literature that CRPS can develop after soft tissue injury, trauma, prolonged immobilization and disorders of the central nervous system (e.g. CVA) and that sometimes no clear precipitating event can be identified (Albazaz R et al. Complex regional pain syndrome: a review. Ann Vasc Surg 2008; 22:297-306; Marinus J et al. Clinical features and pathophysiology of complex regional pain syndrome. Lancet Neurol 2011; 10:637-48; De Mos M et al. The incidence of complex regional pain syndrome: a population based study. Pain 2007; 129:12-20).

Diagnostic criteria in clinical use include the "Budapest Criteria". Those criteria were validated in the literature (Harden RN et al. Validation of proposed diagnostic criteria (the "Budapest Criteria") for Complex Regional Pain Syndrome. Pain 2010; 150(2):268-74).

The criteria include:

1. Continuing pain disproportionate in time or degree to the usual course of pain after any trauma or other inciting event
2. At least one symptom in three of the four following categories:
    a. Sensory: Reports of hyperalgesia and/or allodynia
    b. Vasomotor: Reports of skin color and/or temperature changes/asymmetry
    c. Sudomotor/edema: Reports of edema or swelling and/or sweating changes or asymmetry
    d. Motor/trophic: Reports of decreased range of motion and/or motor dysfunction (weakness, tremor, dystonia) and/or trophic changes (nails, skin, hair)
3. Display at least one sign at the time of evaluation in two or more of the same four categories listed above
4. There is no other diagnosis that better explains the signs and symptoms

Clinical course:

My evaluation included History and Physical, Past Medical History, Review of Systems, Social History, Family History, medications, allergies, review of imaging studies, and review of outside medical records. A physical exam was performed and an Assessment and Plan was formulated and reevaluations were done on follow up visits.

Initial presentation 10/27/2015: Patient reported pins and needle type pain, burning, tingling, sharp, electric shock type pain. She reported swelling in the right hand and temperature differences as well. She reported some skin changes often times in the right forearm as compared to the left forearm. She reported some numbness and weakness in the right upper extremity. She did not report any clear allodynia but stated that touch sometimes increases the pain but not typically. She denied any pain prior to the event with the door frame.

Medical records review revealed previous treatment in April 2015 by Chatham Orthopedics (Night Clinic and Dr. Prather) with right humerus and forearm X-rays reported negative for fracture or acute bony abnormalities.

MRI cervical spine without contrast (SouthCoast Health) 4/20/2015 per official report with only mild degenerative disc disease, no canal or foraminal narrowing, no intrinsic cord abnormalities (Todd Lanier, MD).

MRI distal forearm without contrast (Imaging Savannah) 5/20/2015 official report with no acute osseous injury identified and all muscular and tendinous structures appear within normal limits and no soft tissue mass (David Estle, MD).

EMG/NCS right upper extremity 6/13/2015 reported as normal (Dr. Victor Rosenfeld). However, only the APB muscle was tested in the EMG part of the exam.

Previous treatment from April 2015 until my evaluation consisted of medications including NSAIDs, oral steroid pack, pregabalin, tizanidine, gabapentin 800mg three times per day, hydrocodone, and oxycodone.

Patient had treatment with Dr. Mark Kamaleson and had at least 11 sessions of occupational therapy.

Per my evaluation 10/27/2015 there were findings on exam of tenderness in the right forearm, upper trapezius area and cervical paraspinal area. No clear allodynia. There was tenderness to palpation. There were very subtle skin changes in the right dorsal forearm noted. There was some swelling noted in the right dorsal forearm. There was no clear focal weakness or clear numbness noted. There was slight decrease to light touch but also some pain with palpation in the forearm noted on the right side.

Assessment in my evaluation was "patient with right upper extremity pain especially in the forearm but also expanding up the arm and into the right cervical area and periscapular area.

She may be suffering from a CRPS type of syndrome status post a door frame falling on her forearm in April 2015. Imaging workup without any clear etiology. No clear cervical etiology is noted."

I started the patient on duloxetine 30mg and meloxicam and continued the oxycodone and gabapentin and discussed spinal cord stimulation.

After review of the medical record, Ms. Orr fulfilled the formal Budapest Criteria for the diagnosis of CRPS (Criteria 1, Criteria 2b, 2c, 2d, Criteria 3 and Criteria 4).

Follow up on 11/23/2015: Patient reported significant benefit with one time use of duloxetine, but also reported significant side effects. She had discontinued meloxicam due to no benefit. On exam there was tenderness in the right forearm, upper trapezius area and cervical paraspinal area without clear swelling noted. I continued oxycodone and gabapentin.

Follow up on 1/19/2016: Patient reported that she has seen her PCP and was diagnosed with trigeminal neuralgia. She reported continued pain in the right upper extremity rated as on average 5/10 and up to 9/10. She also felt that her memory was getting worse, felt buzzing in her right-sided facial area, and sometimes even a difficult time to get her speech started and she reported problems with her right eye intermittently. Those symptoms were reported as "come and go". I noted in my assessment/plan that I was not able to fully explain all of the neurologic symptoms at the current time and a referral for evaluation of the neurologic symptoms at the Mayo Clinic in Jacksonville in the Neurology Department was initiated.

On 3/9/2016 I dictated a letter to the Mayo Clinic Jacksonville regarding her neurologic symptoms: "Since I cannot fully explain her symptoms from a CRPS type syndrome, I would like to have her evaluated by a neurologist at the Mayo Clinic in Jacksonville for the neurologic symptoms as noted above to determine if there is any etiology. In my experience her memory difficulties, difficulty to even get her speech started sometimes even inability to say her name is not related to CRPS."

Follow up on 3/22/2016: Patient reported pain still in the right upper extremity more in the forearm than the arm and also in the hand and the knuckle area with a burning and tingling type of pain and often worse in the evening and at night. She noted that her functional level is decreased due to this. She works at Georgia Regional Health, and her supervisor allowed her to modify her job description basically, using more of her left hand for typing and even writing instead of the right hand and also having less need to go into the treatment unit since she would not really be able to defend herself with her right upper extremity in a dysfunctional state at the current time. She rated her pain as up to 8 out of 10 especially during the night.

She felt that the pain had worsened over the last 6 weeks again as compared to the last evaluation, but it was still not as bad as on the initial evaluation.

She reported some pain in the left elbow area which she felt was due to using only the left upper extremity for all activities. It did not feel like the same type of pain as in the right upper extremity.

She still also reported some word finding problems and some eye problems in the right eye and was still awaiting a consultation in the Mayo Clinic Neurology Department.

On my exam I reported "there is some hypersensitivity and paresthesias in the right upper extremity especially in the forearm to palpation. No clear full-blown allodynia is noted. I do not see any clear hair pattern changes today or skin changes or swelling or edema in the bilateral upper extremities. There is tenderness in the right hand, right forearm throughout more than the right arm to palpation. There is a burning type of sensation with exam. Hawkins and Neer tests do not cause any significant pain bilaterally. Cervical range of motion does not cause any shooting pain in the upper extremities. Spurling test is negative. No occipital tenderness bilaterally. Deep tendon reflexes are 2+ and symmetric in the bilateral upper extremities with biceps and triceps tendon reflex. There is still some tenderness in the right facial area to palpation. Capillary refill is appropriate in the bilateral upper extremities in the fingernail beds. Speech is clear. Alert and oriented x3".

In my Assessment/Plan I noted "patient with right upper extremity status post trauma in April 2015. This is likely related to CRPS type I. Cervical MRI without abnormalities to explain the pain, EMG without abnormalities. Previous x-rays do not demonstrate any fractures. She was evaluated previously by Orthopedic Surgery. She is awaiting a consultation at the Mayo Clinic at the Neurology Department for some word-finding difficulties and also due to her report of some right eye problems intermittently (...). I had a long discussion with the patient. Her functional level is decreased. She significantly protects the right upper extremity. I will continue her on the gabapentin and the Percocet".

Explanation of my diagnosis of "possible CRPS" and "may be suffering from CRPS" in the medical chart:

I wrote in my note from 10/27/2015 that the patient "may be suffering from CRPS (...)" and on 11/23/2015 and on 1/19/2016 "possible CRPS". In my note 3/22/2016 I reported "this is likely related to CRPS 1". However, after review of the detailed formal Budapest Criteria and after retroactive analysis of all the signs and symptoms that were recorded in my note during the first evaluation on 10/27/2015, it became apparent, that the formal criteria for diagnosis of CRPS were met. Ms. Orr fulfilled the formal Budapest Criteria for the diagnosis of CRPS per my

Initial evaluation 10/27/2015. It was my intention during the initial encounters to not "label" the patient prematurely with the diagnosis of CRPS.

Studies that were not done include:

Three phase bone scan, which in my opinion would not change the clinical treatment course and therefore was not ordered

Stellate ganglion block, which in my opinion would not change the clinical treatment course

Differential diagnoses include:

-Cervical etiology (e.g. cervical radiculopathy, cervical disc displacement, myelopathy or syrinx): Excluded with cervical MRI

-Forearm fracture or significant ligamentous injury or bone edema: Ruled out by orthopedic evaluation (Dr. Kamaleson and Chatham Orthopedics) and MRI forearm

-Upper extremity nerve lesion: Ruled out by orthopedic evaluation (Dr. Kamaleson and Chatham Orthopedics) and by normal EMG/NCS of the RUE

-DVT: No clinical suspicion based on presentation and exam and location of pain symptoms

-Thrombophlebitis: No clinical suspicion based on exam

-Lymphedema: No clinical suspicion based on exam without pitting edema

-Cellulitis: No clinical suspicion based on exam

-Vascular insufficiency: No clinical suspicion based on exam

-Thoracic Outlet Syndrome: No clinical suspicion due to pain present constantly including at rest and not depending on UE ROM/overhead activity, and due to report of specific trauma as etiology of the pain

-Diabetic neuropathy: Patient without Diabetes Mellitus

-Pain of Central Origin: No history of CVA

-CNS etiology: MRI brain not done due to complaints in the RUE and forearm not clinically consistent with a brain etiology

-Chiari malformation: Not considered during evaluation

-Demyelinating disease (e.g. Multiple Sclerosis): Not considered based on clinical presentation and also no supporting abnormalities per imaging studies

-Peripheral neuropathy or entrapment neuropathy (e.g. carpal tunnel syndrome or cubital tunnel syndrome): Ruled out by orthopedic evaluation (Dr. Kamaleson and Chatham Orthopedics) and basically normal EMG/NCS RUE and pain did not follow a usual nerve territory distribution pattern

-Cumulative trauma disorder: No reported cumulative trauma and per patient no pre-existing symptoms

-Myofascial Pain Syndrome: In myofascial pain syndrome, pressure on sensitive points in muscles (trigger points) often causes referred pain and there can be a tender knot on exam. Not supported by history and exam

-Medial or Lateral epicondylitis: Not supported clinically

-Tenosynovitis: Not supported by previous orthopedic evaluation and clinically

-Raynaud's Syndrome: No reported change of pain/symptoms based on temperature or cold exposure

Ms. Orr displayed no signs of malingering or feigning and per her report was active, in her usual state of health and full time employed prior to the trauma in April 2015. There were no reports of recent surgery, no previous pain in the same area, no previous trauma to the affected area, no previous history of immobilization of the RUE, and no h/o CVA that would otherwise explain her symptoms.

Medical treatment course:

The medical bills to date from OptimHealth appear to be reasonable and necessary for assessment, evaluation, establishing a diagnosis, initiation of treatment and care.

It is my opinion that the estimated medical bills as outlined below for future care appear in line with the usual and customary costs and appear reasonable and within the range of fair market value.

Considerations for future care:

Future expenses will likely include medical expenses, e.g. medications with possible long term use of opioids (oxycodone/APAP 10/325mg two times/day until 5/23/2016, then changed to Nucynta 50mg up to three times/day) and non-opioid medications (gabapentin 600mg four times/day) with also laboratory testing every six to eight months with urine drug screens to assess for adherence to the treatment regimen. Clinic appointments are estimated to be

scheduled every 2 months for 2 years, then every 3 months if the patient continues to use opioid medications. If the patient is able to be tapered off opioid medication then clinic appointments are estimated to be scheduled every 3 months for two years and then every 4-6 months afterwards.

Spinal cord stimulation has been utilized for CRPS and its use has been demonstrated in the literature (Poree L et al.: Spinal cord stimulation as treatment for complex regional pain syndrome should be considered earlier than last resort therapy. Neuromodulation 2013; 16: 125--141).

In my opinion and based on my experience spinal cord stimulation more likely than not would be helpful to decrease Ms. Orr's pain and improve her functional level. This would include a spinal cord stimulator trial and if beneficial a permanent implantation of a spinal cord stimulator (with then expected need for internal pulse generator replacements every approximately 7-10 years).

Estimated charges for spinal cord stimulator procedure:

Physician charges:

- CPT 63650: $2,055
- CPT 63661: $2,784
- CPT 63685: $2,000

Ambulatory Surgery Center charges:

- CPT 63650: $69,000
- CPT 63661: $23,275
- CPT 63685: $50,660

Ms. Orr may need to enroll intermittently in physical therapy and occupational therapy sessions to prevent a decrease in her functional level. There may be a need for CBT (cognitive behavioral therapy) treatment and counseling to institute coping mechanisms and skills.

Work place modifications and job modifications or retraining will likely be necessary due to the reported limitations in the Ms. Orr's use of the right upper extremity.

Conclusion:

It is my opinion, that the specific trauma from April 2015 reported by Ms. Orr with a reasonable degree of medical probability caused her symptoms and CRPS 1 in the right upper extremity.

Prognosis:

It is my opinion that with a reasonable degree of medical probability Ms. Orr's symptoms are chronic and permanent. Future treatment consideration include continued medical management, rehabilitative therapies, spinal cord stimulation trial and if beneficial permanent implantation of a spinal cord stimulator, need for work place modification/job modification due to significant functional decrease and use of the right upper extremity.

Respectfully,
Markus Niederwanger, MD

Markus Niederwanger Savannah, GA 5/25/2016

Attachment

Literature used during research and completion of the report

Fukushima F et al.: Complex regional pain syndrome. BMJ 2014 Jun 25;348:g3683. doi: 10.1136/bmj.g3683

Bruehl S: Complex regional pain syndrome. BMJ 2015 July 29; 350:h2730. doi:10.1136/bmj.h2730

Moseley GL et al.: Intense pain soon after wrist fracture strongly predicts who will develop complex regional pain syndrome: prospective cohort study. J Pain 2014; 15:16-23

Beerthuizen A et al. Demographic and medical parameters in the development of complex regional pain syndrome type 1: prospective study on 596 patients with a fracture. Pain 2012; 153:1178-92

Albazaz R et al. Complex regional pain syndrome: a review. Ann Vasc Surg 2008; 22:297-306

Marinus J et al. Clinical features and pathophysiology of complex regional pain syndrome. Lancet Neurol 2011; 10:637-48

De Mos M et al. The incidence of complex regional pain syndrome: a population based study. Pain 2007; 129:12-20

Harden RN et al. Validation of proposed diagnostic criteria (the "Budapest Criteria") for Complex Regional Pain Syndrome. Pain 2010; 150(2):268-74

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optimhealthcare

OPTIM ORTHOPEDICS-SAV OFF

JACQUELYN ORR 000811408 DOB: 08/10/2015

CHIEF COMPLAINT: Rt arm pain and numbness.

HISTORY OF PRESENT ILLNESS: Mrs. Orr states on Apr. 2, 2015, a door frame fell and hit her rt arm. She states she has been getting ongoing treatment for her symptoms. She was seen at Chatham Orthopaedics by Dr. Prather, which they got x-rays and an MRI. She has also seen neurologist, Dr Rosenfeld, which he had gotten EMGs as well. She states she has also been put on Neurontin recently by her neurologist and this seems to have helped alleviate some of her symptoms. She has been previously diagnosed with reflex sympathetic dystrophy. She states she is having a constant sharp pain that is aggravated by lifting and typing at work. She states that Neurontin and rest have alleviated some of her symptoms.

PAST MEDICAL HISTORY: PMH, PSH meds, allergies, FH, SH and 9-point ROS were reviewed with the patient in the patient health history form dated 08/10/15, and has been signed by me in the chart.

PHYSICAL EXAMINATION: Mrs. Orr is an overweight 44-YO RHD WF in NAD.

Psychosocial: A, A&Ox3.

Skin: WD&I

Gait: Normal heel/toe gait.

Rt Hand: There is no swelling, edema, or ecchymosis. All flexor and extensor tendons are intact. There is full flex and ext at the MP, PIP and DIP joints of all the fingers. There is no triggering. There is no tenderness at the A1 or T1 pulleys. All the MP, PIP, DIP joints are stable. Bunnell's test for intrinsic tightness is negative in all the digits. The flexor tendon sheaths are not tender. There are no palpable masses. There is no erythema or warmth.

Lt Hand: There is no swelling, edema, or ecchymosis. All flexor and extensor tendons are intact. There is full flex and ext at the MP, PIP and DIP joints of all the fingers. There is no triggering. There is no tenderness at the A1 or T1 pulleys. All the MP, PIP, DIP joints are stable. Bunnell's test for intrinsic tightness is negative in all the digits. The flexor tendon sheaths are not tender. There are no palpable masses. There is no erythema or warmth

Neurological Hand: Phalen's test positive immediately on the rt and negative on the lt. Elbow flexion tests are negative. Tinel's percussion of the median and ulnar nerves at the elbow and wrist respectively are negative bilaterally. There is no weakness or atrophy in the APB or ADQ muscles bilaterally.

EXHIBIT
2

optumhealthcare

JACQUELYN ORR 000811408 DOB: 08/10/2015
Page 2

X-RAYS: MRI of the C-spine was reviewed from __South Coast Medical Group dated 04/20/15 and revealed mild DDD. Impression: Mild DDD. No canal foraminal stenosis. No intrinsic cord abnormality.

ASSESSMENT: Rt upper extremity reflex sympathetic dystrophy 337.21.

PLAN:
1 PT with Dystrophilic stress-loading device.
2. Patient will follow-up in 4 weeks.

Dr. Kamaleson has reviewed and agrees with the above listed plan.

Jamie E. Wells, NP-C S. Mark Kamaleson, MD

JEW/wz903lh
D: 08/12/2015 T: 08/14/2015
Job ID:1172060

cc: Thomas G Moriarity M.D. III
853

811408

Victor W. Rosenfeld, MD
DATE 6/3/15
PT# 1194710
PAGE # 1 OF 2
DOC TYPE # 95

South Coast Medical Group
Victor Rosenfeld M.D.
1326 Eisenhower Drive
Savannah, GA 31406

Patient:	Orr, Jacquelyn	Physician:	Victor Rosenfeld MD
Age:	44	Test Date:	06/03/15
Sex:	Female		
Height:	inches		
Weight:	173 lbs		
I.D.#:	1194710		
Ref. M.D.:			

D. DeCamp

History/Comments:
RUE injury

Motor Nerve Study
Right Median Nerve

Rec Site: APB Stim Site	Lat (ms)	Pk Lat (ms)	Amp (mV)	Area (mVms)	Dist (mm)	C.V. (m/s)
Wrist	3.8	6.7	6.2	1.2	70	
Elbow	7.3	9.5	5.7	1.7	230	61.2

Motor Nerve Study
Right Ulnar Nerve

Rec Site: ADM Stim Site	Lat (ms)	Dur (ms)	Amp (mV)	Area (mVms)	Dist (mm)	C.V. (m/s)
Wrist	3.2	4.0	11.7	32.0	70	
B Elbow	6.6	4.8	10.6	30.4	170	63.8
A Elbow	7.8	4.0	13.0	33.4	110	82.9

Sensory Nerve Study
Right Median Nerve

Rec Site: Wrist Stim Site	Lat (ms)	Pk Lat (ms)	Amp (uV)	Dist (mm)	C.V. (m/s)	Norm C.V.
Mid Palm	1.9	3.0	67.4	80	41.7	

Sensory Nerve Study
Right Ulnar Nerve

Rec Site: Wrist Stim Site	Lat (ms)	Pk Lat (ms)	Amp (uV)	Dist (mm)	C.V. (m/s)	Norm C.V.
Palm	1.9	2.3	51.3	80	41.2	

Sensory Nerve Study
Right Radial Nerve

Rec Site: R Thumb Stim Site	Lat (ms)	Pk Lat (ms)	Amp (uV)	Dist (mm)	C.V. (m/s)	Norm C.V.
R Wrist	2.4	4.4	39.0	100	41.1	

Patient: Orr, Jacquelyn Test Date: 06/03/15
I.D.#:1794710

F-Wave Study

Right Median Nerve

Rec Site: APB	Latency	Normal
Stim Site: Wrist	ms	Latency
M wave	3.83	
F wave	24.83	
F-M	21.00	

F-Wave Study

Right Ulnar Nerve

Rec Site: ADM	Latency	Normal
Stim Site: Wrist	ms	Latency
M wave	3.76	
F wave	23.92	
F-M	20.17	

EMG Study

Muscle	Ins Act	Fibs	PSW	Fasc/s	Poly/s	MUAmp	MU Dur	Recruit
R Abd Pol Br.	norm	none	none	none	none	none	none	

Summary/Interpretation

Normal study

Victor Rosenfeld MD

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Savannah, GA 31406

Phone: 912-691-4200
Fax: 912-691-4209

To: THOMAS MORIARITY, DO
328 EISENHOWER DR BT
SAVANNAH,GA 31406
Fax: 912-691-4289

Patient: JACQUELYN J ORR
MRN: 1194710
DOB:
DOS: 05/20/2015
Exam: MR UPPER EXTREMITY JT W/O CON RT

HISTORY:
Distal forearm pain status post trauma

EXAM:
MRI of the right distal forearm without contrast

TECHNIQUE/PROCEDURE:
Coronal T1 and STIR images were obtained as well as axial proton density, coronal field echo and sagittal T1
weighted images

COMPARISON:
None.

FINDINGS:
No acute osseous injury is identified. All major tendons and ligaments appear within normal limits. No
soft tissue mass is identified

IMPRESSION:
Normal MRI of the right distal forearm.

Interpreting Radiologist:
DAVID ESTLE
Signing Radiologist
DAVID ESTLE

05/20/2015 04:14 PM
Electronically Signed 05/20/2015 04:14 PM
Thank you for referring JACQUELYN J ORR to SOUTHCOAST IMAGING CENTER

7/28/2015 1:27 PM Baotee => 18126445241 0

#811408

SouthCoastHEALTH IMAGING

CHATHAM ORTHOPAEDICS
4425 Paulsen Street
Savannah, GA 31405

Phone: 912-355-6615
Fax: 912-351-0645

To: JOHN T PRATHER, MD
4425 PAULSEN STREET
SAVANNAH GA 31405

Fax: 912 355 3237

Patient: JACQUELYN J ORR
MRN#: 1194710
DOB:

DOS: 04/20/2015

Exam: MR CERVICAL SPINE W/O CON

HISTORY:
Neck pain extending into the arm associated hand numbness.

EXAM:
MRI OF THE CERVICAL SPINE WITHOUT CONTRAST

TECHNIQUE/PROCEDURE:
Routine MRI images of the cervical spine were obtained without IV gadolinium.

COMPARISON:
None.

FINDINGS:
Alignment is normal. Marrow signal demonstrates no suspicious abnormality. Visualized portions of the spinal cord and posterior fossa are unremarkable. Paraspinal structures are unremarkable CSF spaces normal. Mild disc desiccation seen throughout cervical spine. There is minimal uncovertebral arthropathy seen at the C4-C5 and C5-C6 levels but no significant canal or foraminal stenosis is seen within the cervical spine.

IMPRESSION:
1. Mild degenerative disc disease. No canal or foraminal stenosis. No intrinsic cord abnormality. .

Interpreting Radiologist
TODD LANIER
Signing Radiologist
TODD LANIER

Electronically Signed: 04/21/2015 08:17 AM

Thank you for referring JACQUELYN J ORR to SOUTHCOAST IMAGING CENTER

JACQUELYN TORR 00852338

SOUTHCOAST HEALTH

optim.
occupational therapy

Visit Note

Patient Name JACQUELYN J ORR	Start of Care Date 03/12/2015
Address	Visit Date 08/10/2015
Visit Name OT Visit	Referred by Mark Kamaleson
MRN 011468	Medical Diagnosis 337.21 REFLEX SYMPATHETIC DYSTROPHY OF THE UPPER LIMB Treatment Diagnosis 729.5 PAIN IN LIMB
Date of Birth	

JACQUELYN ORR was seen at optim occupational therapy Savannah-Daranne office for a Occupational Therapy visit on 08/10/2015.

Ms. ORR is a 44 year old female. She has a chief complaint of muscle weakness and Pain in upper extremity / arm.

Current problem(s) began 04/02/2015. The problem(s) affect the Right side. Patient is a 44 y/o R handed female who had a door frame fall and strike her on the radial aspect of her mid FA. Since she has had shooting pain, minor edema,. These complaints are exacerbated by carrying, lifting, reaching and repetitions of (computer work). These complaints are reduced by resting. The patient states that the pain at its best is 0 out of a rating scale of 10. The pain at its worst is 10/10. The pain at present is 4/10. The patient is under the care of a/an neurologist and orthopedist for these complaints.
Surgical History: hysterectomy and Deviated septum, hernia repair.
Allergies: any medications (Aspirin and septra)

Subjective
Patient reports her pain level is 4/10. "I hurt more today than I have after working the arm. I feel like it goes through cycles."

Subjective Pain
Able to rate subjective pain? Yes
Pre-Treatment 4
Post-Treatment 3

Objective
Treatment

Procedural Interventions	Min.	Parameters	Objectives	Precautions	Patient Response
Therapeutic Activities -dexterity/ coordination training	25	Dystrophic - carrying, bussing and weight bearing. DF bicep curls, web press, putty press with palm - pinch, gripper peg #2 x 1	Decrease R UE pain to 2/10 at its worst to enable patient to perform daily functional activities with independence and return to normal work related tasks., Decrease R UE pain to 6/10 at its worst to enable patient to perform dressing, grooming, meal prep, and light home management tasks., Patient will be independent in performance of the following ADLs: home management, care giving tasks, and using hand tools		
Whirlpool -Hydrotherapy	10	whirlpool - R @ 100 degrees.	Sensory input to address hypersensitivity.	No corn allergy	No skin irritation noted.
Manual	15	STM to dorsum of	Decrease R UE pain to 2/10 at its worst to		

Therapy Techniques		FA. Joint massage along dorsum of FA.	enable patient to perform daily functional activities with independance and return to normal work related tasks., Decrease R UE pain to 6/10 at its worst to enable patient to perform dressing, grooming, meal prep, and light home management tasks.		

Assessment

Problem List / Impairment: edema, muscle strength, pain and range of motion

Functional Limitation: performance in leisure activities, performance in self-care ADL and performance in work activities

Clinical Impression: Patient presents with decreased AROM and increased pain in the R UE associated with RSD. She will continue with OT to work on a Dystrophic program.

Plan of Care
Short Term Goals:
1. Patient will be independent with dystrophic HEP in 3 weeks. Now (8/12/2016)
2. Decrease R UE pain to 6/10 at its worst to enable patient to perform dressing, grooming, meal prep, and light home management tasks in 3 weeks. Now (8/12/2016)
3. Patient will give accurate return demonstration of their home exercise program in 4 weeks. Now (8/12/2016)

Long Term Goals:
1. Decrease R UE pain to 2/10 at its worst to enable patient to perform daily functional activities with independance and return to normal work related tasks in 8 weeks. Now (8/12/2016)
2. Patient will increase AROM of R wrist to 65/65 degrees for leisure activities in 6 weeks. Now (8/12/2016)
3. Increase R grip to 45 lbs to enable the patient to be independent with scuba tasks in 6 weeks. Now (8/12/2016)
4. Patient will verbalize understanding of precautions and the rehabilitation process in 2 weeks. Now (8/12/2016)
5. Patient will be independent in performance of the following ADLs: home management, care giving tasks, and using hand tools in 6 weeks. Now (8/12/2016)

Therapist Summary on Status/Progress Patient states she is still having the pain in her arm and she has been compliant with HEP, Patient seems to have some depression with the situation. Working to increase use, decrease pain, and instill motivation as she is having trouble dealing with the process. Continue with POC.

Plan

1. Occupational Therapy Evaluation, Education
2. Manual Therapy Techniques
3. Manual Therapy Techniques , Joint mobilization/manipulation
4. Therapeutic Exercise
5. Therapeutic Exercise, ROM exercises
6. Therapeutic Activities, dexterity/ coordination training
7. Whirlpool, Autotherapy
8. Iontophoresis
9. Hot/Cold packs
10. Paraffin Bath
11. Ultrasound

Frequency & Duration 3/Week X 4Week(s)

Michael Bob Phillips, OTR/L

Occupational Therapist/Assistant Signature
Michael Bob Phillips 172

Date Report Signed 08/12/2016

Patient Name JACQUELYN ORR
MRN 611408

optim
occupational therapy

Visit Note

Patient Name JACQUELYN J ORR	Start of Care Date 08/12/2016
Address	Visit Date 08/17/2016
Visit Name OT Visit	Referred by Mark Kamaleson
MRN 911408	Medical Diagnosis 337.21 REFLEX SYMPATHETIC DYSTROPHY OF THE UPPER LIMB Treatment Diagnosis 729.5 PAIN IN LIMB
Date of Birth	

JACQUELYN ORR was seen at optim occupational therapy Savannah-Derenne office for a Occupational Therapy Visit on 08/17/2016.

Ms. ORR is a 44 year old female. She has a chief complaint of muscle weakness and Pain in upper extremity / arm.

Current problem(s) began 04/02/2016. The problem(s) affect the right side. Patient is a 44 y/o R handed female who had a door frame fall and strike her on the radial aspect of her mid FA. Since she has had shooting pain, minor edema,. These complaints are exacerbated by carrying, lifting, reaching and repetitions of (computer work). These complaints are reduced by resting. The patient states that the pain at its best is 3 out of a rating scale of 10. The pain at its worst is 10/10. The pain at present is 4/10. The patient is under the care of a/an neurologist and orthopedist for these complaints.
Surgical History: hysterectomy and Deviated septum, hernia repair.
Allergies: any medications (Aspirin and septra)

Subjective
Patient reports her pain level is 6/10 today. "I hurt really bad yesterday after using the hand to work. It probably got up to a 8/10."

Subjective Pain
Able to rate subjective pain? Yes
Pre-Treatment 3
Post-Treatment 3

Objective
Treatment

Procedural Interventions	Min.	Parameters	Objectives	Precautions	Patient Response
Whirlpool -Hydrotherapy	10	whirlpool - R @ 100 degrees.	Sensory input to address hypersensitivity.	No contraindications	No skin irritation noted.
Manual Therapy Techniques	15	STM to dorsum of FA.	Decrease R UE pain to 2/10 at its worst to enable patient to perform daily functional activities with independence and return to normal work related tasks., Decrease R UE pain to 6/10 at its worst to enable patient to perform dressing, grooming, meal prep, and light home management tasks.		
Therapeutic Activities -dexterity/ coordination	25	Dystrophic - carrying, bushing and weight bearing, 9# bicep curls, web	Decrease R UE pain to 2/10 at its worst to enable patient to perform daily functional activities with independence and return to normal work related tasks., Decrease R		

training		press, putty press with palm + pinch, weight carry 2# x 5 min.	UE pain to 6/10 at its worst to enable patient to perform dressing, grooming, meal prep, and light home management tasks., Patient will be independent in performance of the following ADLs: home management, care giving tasks, and using hand tools		

Assessment

Problem List/ Impairment: edema, muscle strength, pain and range of motion

Functional Limitation: performance in leisure activities, performance in self-care ADL and performance in work activities

Clinical Impression: Patient presents with decreased AROM and increased pain in the R UE associated with RSD. She will continue with OT to work on a Dystrophile program.

Plan of Care
Short Term Goals:
1. Patient will be independent with dystrophile HEP in 3 weeks. New (8/12/2016)
2. Decrease R UE pain to 6/10 at its worst to enable patient to perform dressing, grooming, meal prep, and light home management tasks in 6 weeks. New (8/12/2016)
3. Patient will give accurate return demonstration of their home exercise program in 4 weeks. New (8/12/2016)

Long Term Goals:
1. Decrease R UE pain to 2/10 at its worst to enable patient to perform daily functional activities with independence and return to normal work related tasks in 6 weeks. New (8/12/2016)
2. Patient will increase AROM of R wrist to 65/65 degrees for leisure activities in 6 weeks. New (8/12/2016)
3. Increase R grip to 45 lbs to enable the patient to be independent with acute tasks in 6 weeks. New (8/12/2016)
4. Patient will verbalize understanding of precautions and the rehabilitation process in 2 weeks. New (8/12/2016)
5. Patient will be independent in performance of the following ADLs: home management, care giving tasks, and using hand tools in 6 weeks. New (8/12/2016)

Therapist Summary on Status/Progress: Patient states her pain level isn't too bad today (a little less) and she is compliant with her HEP. She has less pain normally with the weekends and elevated pain after a work day. Possible weakness contributing to this. Patient able to complete tasks today with no signs of distress. We will continue loading the joints of the R UE. Patient seems depressed over the whole process. Continue motivating her to press forward.

Plan

1. Occupational Therapy Evaluation, Education
2. Manual Therapy Techniques
3. Manual Therapy Techniques , Joint mobilization/manipulation
4. Therapeutic Exercise
5. Therapeutic Exercise, ROM exercises
6. Therapeutic Activities, dexterity/ coordination training
7. Whirlpool, Hydrotherapy
8. Iontophoresis
9. Hot/Cold packs
10. Paraffin Bath
11. Ultrasound

Frequency & Duration 3/Week X 4Week(s)

Michael Bob Phillips, OTR

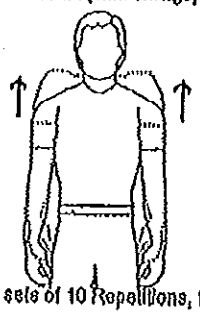
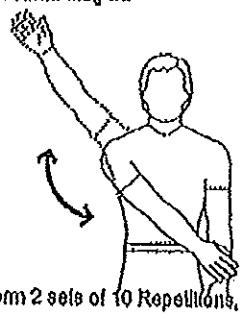
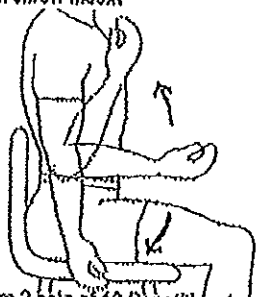
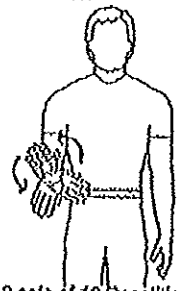
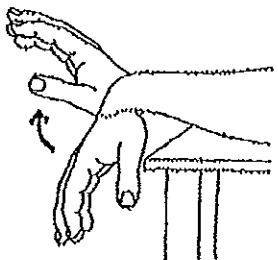
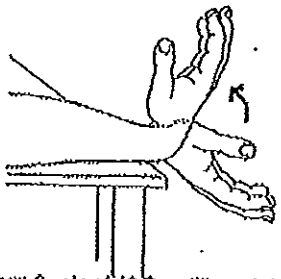
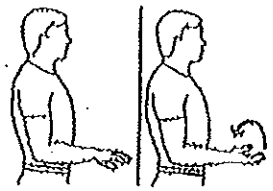
Occupational Therapist/Assistant Signature
Michael Bob Phillips 172

Date Report Signed 08/17/2016

Patient Name JACQUELYN CRR
MRN 811408

Exercise Program For:
Occupational Therapy

Date: 8/12/2016
Page: 1

AROM shld elev hll (shld shrugs)  Perform 2 sets of 10 Repetitions, twice a day. Rest 1 Minute between sets. Perform 1 repetition every 4 Seconds.	AROM shld diag D2  Perform 2 sets of 10 Repetitions, twice a day. Rest 1 Minute between sets. Perform 1 repetition every 4 Seconds.	AROM elbow flx/ext  Perform 2 sets of 10 Repetition, twice a day.
AROM wrist circles  Perform 2 sets of 10 Repetitions, twice a day. Rest 1 Minute between sets. Perform 1 repetition every 4 Seconds.	AROM wrist flx/ext palm down  Perform 2 sets of 10 Repetitions, twice a day. Rest 1 Minute between sets. Perform 1 repetition every 4 Seconds.	AROM wrist flx/ext palm up  Perform 2 sets of 10 Repetitions, twice a day. Rest 1 Minute between sets. Perform 1 repetition every 4 Seconds.
AROM wrist sup/pron  Perform 2 sets of 10 Repetitions, twice a day. Rest 1 Minute between sets. Perform 1 repetition every 4 Seconds.		

① Weight bearing on all fours using bench in ® hand to scrub floor 3-5 min.

② Weight carry ü 2-5 lbs for 3-5 min.

Issued By: Optim Health

These exercises are to be used only under the direction of a licensed, qualified professional.
SOC

Signature: _____

Physical Therapy

optimhealthcare

Occupational Therapy
Savannah
210 East DeRenne Avenue
Savannah, GA 31405
(912)-644-6333 Tel
(912)-644-6280 Fax

THERAPY SCRIPT

Patient: ORR, JACQUELYN Date 8/10/2015

Account # 911408 Phone # (912) 312-3296 Address 202 MOSSWOOD DR

SAVANNAH GA

Diagnosis R90 R UE

☐ PT Eval & Treat ☒ Occupational Hand/UE Therapy Eval & Treat

Frequency 2-4 wks (Select One:) ☐ O/W ☒ B/W ☒ T/W ☐ Daily ☐ PRN

☐ Post OP Protocol ☒ Non OP Protocol

Special Instructions BOB - DYSTROPHILE

☐ Splinting/Bracing
☐ Wrist Cock Up ☐ Thumb Spica ☐ Hand Based CMC ☐ Hinged Elbow ☐ Static Elbow
☐ Orthotics

☐ Modalities
☐ Ultrasound ☐ Iontophoresis ☐ Phonophoresis ☐ E-Stim ☐ TENS ☐ Fluidotherapy
☐ Whirlpool

☐ Therapeutic Exercise
☐ PROM ☐ AAROM ☐ AROM ☐ PREs ☐ HEP ☐ Pre-op exs

☐ Patient Education
☐ Posture ☐ Back School ☐ Neck School ☐ Gait Training ☐ Ergonomics ☐ Jt. Protection

☐ Traction: ☐ Cervical ☐ Lumbar

☐ 1. Work Conditioning ☐ 2. FCE ☐ 3. Testing for Impairment rating
☐ A. 5th ed. ☐ B. 6th ed.

Next Appointment 4 WEEKS

Doctor's/PA's Signature [signature] [illegible]

Rev 10/11/11

RF2

Name: ORR, JACQUELYN
Chart: 811408
Date: 8/10/2015 Provider:

811408-7

optimhealthcare
Patient Information & Medical History Form
Therapy Evaluation

Patient Name: ORR, JACQUELYN DOB: Sex: F SSN#
Address: 202 MOSSWOOD DR City: SAVANNAH State: GA Zip Code: 31405
Phone: (912) 312-3295 Work: Cell:
Occupation: Teacher Mayer Art Employer: DCHDD - GRHS Phone: 912 356 2034
Race W Ethnicity ☐ Hispanic ☒ Non Hispanic ☐ Unknown Primary Language English
Pharmacy Name Kroger @ Berwick Address 5720 Ogeechee Rd Phone 912 335-3425
Lab Facility Name Address Phone
Contact person in case of emergency:
Name: William Orr Phone: 912 547 7185 Relationship: Spouse
What is the reason for therapy? Age Injury (R5D)
When/How did the symptoms start? April 2nd 2015
I wish to know more about my condition and would like an explanation from the Therapist.

Past Medical History:

___ Diabetes	___ Rheumatoid Disease		
___ High Blood Pressure	___ HIV/AIDS		
___ Low Blood Pressure	___ Hepatitis		
___ Hypoglycemia	___ Kidney Problems		
___ Cancer	___ Heart Problems (Angina, Heart Attack)		
___ Arthritis	___ Lung Problems (COPD, Asthma, etc.)		
___ Fibromyalgia	___ Vascular Problems		
___ Other:			

Previous Intervention for this problem:

☒ X-Ray	☒ MRI or CT Scan
___ Surgery	___ Massage Therapy
___ Chiropractic	___ Physical Therapy
___ Acupuncture	___ Other:

Please List any known allergies: Aspirin, Septra

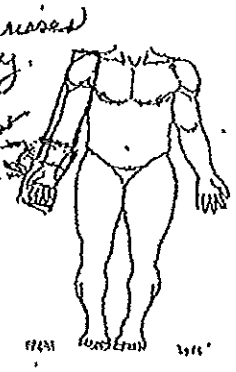
Please list all medications: Adderall, Ambien, Neurontin, hydrocodone

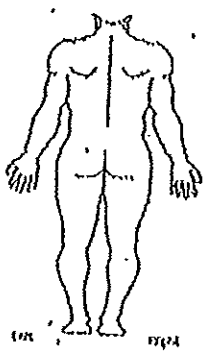
Past Surgeries (List area and year of surgery): Hysterectomy 2000, Cervical Biopsy 1992, Tubal Ligations 1993, Tonsils Removed 2006

On a pain scale of 1 to 10, please rate you PAIN (0 being NO pain, 10 being unbearable pain):
Now: 4 /10
On Your BEST Day: 3 /10
On Your Worst Day: 10 /10

usually increased during the day

Please indicate your complaint area on the accompanying diagram





Patient's Signature:
Date: 8/10/15
Therapist Signature:
Date: 8/10/2015

Rev 9/11/11

FOS7

optum
occupational therapy

Evaluation

Patient Name JACQUELYN J ORR	Evaluation Date 08/12/2016
Address	Referred by Mark Kamaleson
	Medical Diagnosis 337.21 REFLEX SYMPATHETIC DYSTROPHY OF THE UPPER LIMB Treatment Diagnosis 729.5 PAIN IN LIMB
MRN 011408	
Date of Birth	

JACQUELYN ORR was seen at the optum occupational therapy Savannah-Daromn office for an Occupational Therapy evaluation on 08/12/2016.

Chief Complaint

Ms. ORR is a 44 year old female. She has a chief complaint of muscle weakness and Pain in upper extremity / arm.

History of Present Illness Or Injury

Current problem(s) began 04/02/2015. The problem(s) affect the Right side. Patient is a 44 y/o R handed female who had a door frame fall and strike her on the radial aspect of her mid FA. Since she has had shooting pain, minor edema,. These complaints are exacerbated by carrying, lifting, texting and repetitions of (computer work). These complaints are reduced by resting. The patient states that the pain at its best is 3 out of a rating scale of 10. The pain at its worst is 10/10. The pain at present is 4/10. The patient is under the care of a/an neurologist and orthopedist for these complaints.
Surgical History: hysterectomy and Dislated septum, hernia repair.
Allergies: any medications (Aspirin and septra)

Previous Functional Level

	Level of Assistance
ADLs	Independent
IADLs	Independent
Leisure activities	Independent

Patient History

Social History
Lives with spouse/significant other.

Examination Findings

Ms. ORR was seen at for a occupational therapy evaluation on 08/12/2016. The examination findings are as follows

Systems Review

Communication, Affect, Orientation, Cognition and Learning
Learning barriers: Vision (blurred vision with reading/writing since neuropathy)
Education needs: education needs: disease process and exercise program
Learning style: reading, listening and demonstration

Range of Motion - Shoulder

Shoulder Girdle ROM (Active)
(Right / Left)

Position	ROM	Pain		Position	ROM	Pain
Standing	160	Yes	Forward Flexion	Standing	165	No
Standing	160	Yes	Abduction in Scapular Plane	Standing	170	No

Range of Motion - Wrist

Wrist Active ROM
(Right / Left)

ROM	Pain		ROM	Pain
65	Yes	Flexion	65	No
65	Yes	Extension	75	No
25	Yes	Ulnar Deviation	30	No
10	Yes	Radial Deviation	15	No

Note Full composite fist.

Edema

Wrist Right (16.1) and Left (16)

Edema Note Mid Forearm: R 24 cm L 23.2 cm

Pinch

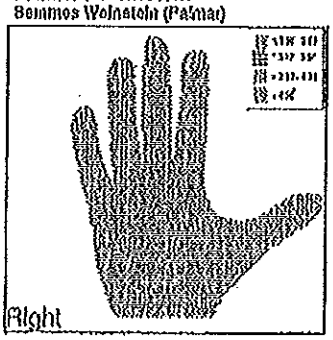
Index Grip Test

Index Grip Test
(Right / Left)

1	2	3	Max	Avg	CV	Deficit	Deficit to Norms		1	2	3	Max	Avg	CV	Deficit to Norms
37	33	35	39	37	4.41	-13.00	47%	II	70	60	70	70	66.7	7.07	-7%

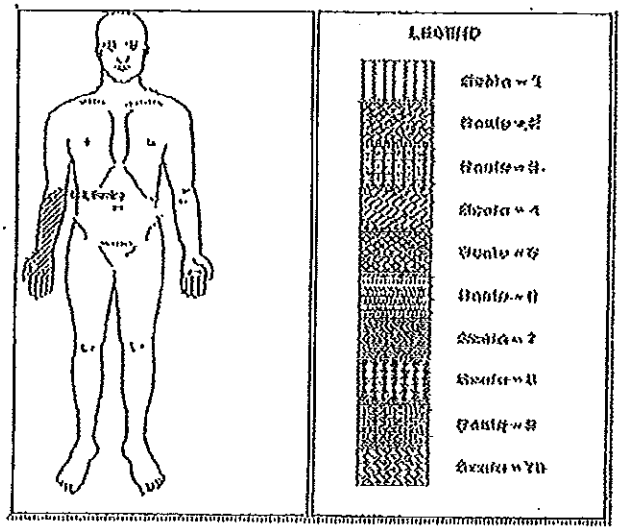
Semmes Weinstein

Semmes Weinstein (Palmar)



Pain Drawing Anterior View

Patient Name JACQUELYN ORR
MRN 011408



Occupational Therapy Evaluation

Problem List / Impairments: edema, muscle strength, pain and range of motion

Functional Limitations: performance in leisure activities, performance in self-care ADL and performance in work activities

Clinical Impression: Patient presents with decreased AROM and increased pain in the R UE associated with RSD. She will continue with OT to work on a Dystrophia program.

Plan of Care

Short Term Goals:
1. Patient will be independent with dystrophic HEP in 3 weeks. *New (8/12/2016)*
2. Decrease R UE pain to 6/10 at its worst to enable patient to perform dressing, grooming, meal prep, and light home management tasks in 3 weeks. *New (8/12/2016)*
3. Patient will give accurate return demonstration of their home exercise program in 4 weeks. *New (8/12/2016)*

Long Term Goals:
1. Decrease R UE pain to 2/10 at its worst to enable patient to perform daily functional activities with independence and return to normal work related tasks in 6 weeks. *New (8/12/2016)*
2. Patient will increase AROM of R wrist to 65/85 degrees for leisure activities in 6 weeks. *New (8/12/2016)*
3. Increase R grip to 45 lbs to enable the patient to be independent with scrubs tasks in 6 weeks. *New (8/12/2016)*
4. Patient will verbalize understanding of precautions and the rehabilitation process in 2 weeks. *New (8/12/2016)*
5. Patient will be independent in performance of the following ADLs: home management, care giving tasks, and using hand tools in 6 weeks. *New (8/12/2016)*

Patient agreed with Plan of care.
Barriers to learning considered.
Individual cultural and spiritual needs considered.
Medical history signed and reviewed by me 08/12/2016.

Occupational Therapy Interventions

Procedural Interventions	Min.	Parameters	Objectives	Precautions	Patient Response
Occupational Therapy Evaluation -Education	20	Injury precautions -, Patient education -,	Patient will verbalize understanding of precautions and the rehabilitation process.		
Manual Therapy Techniques					
Manual Therapy Techniques -Joint mobilization/manipulation					
Therapeutic Exercise					
Therapeutic Exercise -ROM exercises					
Therapeutic Activities -dexterity/ coordination training	12	Dysrophilia - carrying, brushing and weight bearing. Pulley to begin with shoulder followed by light 3# bicep curls.	Decrease R UE pain to 2/10 at its worst to enable patient to perform daily functional activities with independence and return to normal work related tasks., Decrease R UE pain to 6/10 at its worst to enable patient to perform dressing, grooming, meal prep, and light home management tasks., Patient will be independent in performance of the following AOLs: home management, care giving tasks, and using hand tools.	Educated patient on HEP.	
Whirlpool -hydrotherapy	10	whirlpool - R @ 100 degrees.	Sensory input to address hypersensitivity.	No corn allergy	No skin irritation noted.
Iontophoresis					
Hot/Cold packs					
Paraffin Bath					
Ultrasound					

Therapist Summary on Status/Progress Patient did not have an increase in pain post tx session today. She will work on AROM and weight bring with her HEP - see HO. We will continue with desensitization, dystrophilia, ROM, and strengthening to promote functional use of the R UE. Patient was educated on HSD.

Frequency & Duration 8/Week X 4/Week(s)

Michael Bch Phillips, OTR/L

Occupational Therapist Signature
Michael Bch Phillips 172

Date Report Signed 08/12/2016

Patient Name JACQUELYN ORR
MRN 011408

optum
occupational therapy

Initial Evaluation

Patient Name JACQUELYN J ORR	Evaluation Date 08/12/2015
Address	Referred by Mark Kamaleon
	Medical Diagnosis 337.21 REFLEX SYMPATHETIC DYSTROPHY OF THE UPPER LIMB Treatment Diagnosis 729.5 PAIN IN LIMB
MRN 0711408	
Date of Birth	

JACQUELYN ORR was seen at the optum occupational therapy Savannah-Derenne office for an Occupational Therapy evaluation on 08/12/2015.

Occupational Therapy Evaluation

Problem List / Impairments: edema, muscle strength, pain and range of motion

Functional Limitation: performance in leisure activities, performance in self-care ADL and performance in work activities

Clinical Impression: Patient presents with decreased AROM and increased pain in the R UE associated with RSD. She will continue with OT to work on a Dystrophile program.

Plan of Care

Short Term Goals:
1. Patient will be independent with dystrophile HEP in 8 weeks. New (8/12/2015)
2. Decrease R UE pain to 6/10 at its worst to enable patient to perform dressing, grooming, meal prep, and light home management tasks in 8 weeks. New (8/12/2015)
3. Patient will give accurate return demonstration of their home exercise program in 4 weeks. New (8/12/2015)

Long Term Goals:
1. Decrease R UE pain to 2/10 at its worst to enable patient to perform daily functional activities with independence and return to normal work related tasks in 8 weeks. New (8/12/2015)
2. Patient will increase AROM of R wrist to 60/65 degrees for leisure activities in 8 weeks. New (8/12/2015)
3. Increase R grip to 45 lbs to enable the patient to be independent with scuba tasks in 8 weeks. New (8/12/2015)
4. Patient will verbalize understanding of precautions and the rehabilitation process in 2 weeks. New (8/12/2015)
5. Patient will be independent in performance of the following ADLs: home management, care giving tasks, and using hand tools in 8 weeks. New (8/12/2015)

Occupational Therapy Interventions

Procedural Interventions	Min.	Parameters	Objectives	Precautions	Patient Response
Occupational Therapy Evaluation -Education	20	Injury precautions -, Patient education -,	Patient will verbalize understanding of precautions and the rehabilitation process.		
Manual Therapy Techniques					
Manual Therapy Techniques -Joint mobilization/manipulation					
Therapeutic Exercise					
Therapeutic Exercise -ROM exercises					
Therapeutic Activities -dexterity/ coordination training	12	Dystrophic - carrying, bimanual and weight bearing. Pt/ys to begin with shoulder followed by light BF bicep curls.	Decrease R UE pain to 7/10 at its worst to enable patient to perform daily functional activities with independence and return to normal work related tasks., Decrease R UE pain to 6/10 at its worst to enable patient to perform dressing, grooming, meal prep, and light home management tasks., Patient will be independent in performance of the following ADLs: home management, care dying tasks, and using hand tools	Educated patient on HEP.	
Whirlpool -HydroTherapy	10	whirlpool - R @ 100 degrees.	Sensory input to address hypersensitivity.	No corn allergy	No skin irritation noted.
Iontophoresis					
Hot/Cold packs					
Paraffin bath					
Ultrasound					

Frequency & Duration 6/Week X 4/Week(s)

Therapist Summary on Status/Progress Patient did not have an increase in pain post tx session today. She will work on AROM and weight bearing with her HEP - see HO. We will continue with desensitization, dystrophic, ROM, and strengthening to promote functional use of the R UE. Patient was educated on RSD.

Michael Bob Phillips, OTR/L

Occupational Therapist Signature
Michael Bob Phillips 172

Date Report Signed 05/12/2016

Physician Signature
Mark Ramsdesen

Date Report Signed

Physical Therapy

Occupational Therapy
Savannah
210 East DeRenne Avenue
Savannah, GA 31405
(912)-644-5333 Tel
(912)-644-5280 Fax

optimhealthcare

THERAPY SCRIPT

Patient: ORR, JACQUELYN

Date 8/10/2015

Address 202 MOSSWOOD DR

SAVANNAH GA

Account # 011400

Phone # (912) 312-3296

Diagnosis: RSD R UE

☐ PT Eval & Treat ☒ Occupational Hand/UE Therapy Eval & Treat

Frequency 2-4 wks (Select One:) ☐ O/W ☒ B/W ☒ T/W ☐ Daily ☐ PRN

☐ Post OP Protocol ☒ Non OP Protocol

Special Instructions: SOS - DYSTROPHILE

☐ Splinting/Bracing
☐ Wrist Cock Up ☐ Thumb Spica ☐ Hand Based CMC ☐ Hinged Elbow ☐ Static Elbow
☐ Orthotics

☐ Modalities
☐ Ultrasound ☐ Iontophoresis ☐ Phonophoresis ☐ E.Stim ☐ TENS ☐ Fluidotherapy
☐ Whirlpool

☐ Therapeutic Exercise
☐ PROM ☐ AAROM ☐ AROM ☐ PRE'S ☐ HEP ☐ Pre-op exe

☐ Patient Education
☐ Posture ☐ Back School ☐ Neck School ☐ Gait Training ☐ Ergonomics ☐ Jt. Protection

☐ Traction: ☐ Cervical ☐ Lumbar

☐ 1. Work Conditioning ☐ 2. FCE ☐ 3. Testing for impairment rating
☐ A. 5th ed. ☐ B. 6th ed.

Next Appointment 4 WEEKS

Doctor's/PA's Signature [signature] [illegible]

Name: ORR, JACQUELYN
Chart: 811408
Date: 8/10/2015 Provider: SUNDERRAJ KAMALESON

811408-11

OPTIM HEALTHCARE - PATIENT INFORMATION & HISTORY FORM

Patient Name ORR, JACQUELYN J (LAST / FIRST / MIDDLE) Sex F

Patient's Date of Birth (Month / Day / Year) Age 44 Years Patient's Social Security #

Home Address 202 MOSS WOOD DR (Street) Apt# Lot# SAVANNAH (City) GA (State) 31405 (Zip)

Mailing Address Same (City / State / Zip)

Is this address: ☑Permanent ☐Temporary (check one) Patient's Marital Status ☐Single ☐Widowed ☐Divorced ☑Married

Home Phone 9123123205 Work Phone Cell Phone

E-Mail address Race W Ethnicity ☐ Hispanic ☑Non Hispanic ☐ Unknown

If Patient lives in a Nursing Home or Assisted Living Facility, please provide below: Primary Language English

Name of Facility Address Phone

EMERGENCY INFORMATION

EMERGENCY CONTACT NAME William Orr RELATIONSHIP TO PATIENT Spouse Phone 9128477785

NEAREST FRIEND NOT LIVING WITH YOU Phone

MEDICARE/MEDICAID

MEDICARE NO: MEDICAID NO:

EFFECTIVE DATE / / DATE OF MONTH ELIGIBLE STATE ISSUED

PRIMARY Insurance Information

Name of Insurance Company GOVERNMENT

Address of Insurance Co

Policy # H10126702 Group #

SUBSCRIBER'S NAME (as on insurance card)

Relationship to Patient: ☐Self ☐Spouse ☐Child ☐Other

SUBSCRIBER'S ADDRESS

CITY, STATE ZIP

PHONE

DATE OF BIRTH / / SEX ☐Male ☐Female

Social Security # of Insured / /

SECONDARY Insurance Information

Name of Insurance Company

Address of Insurance Co

Policy # Group #

SUBSCRIBER'S NAME (as on insurance card)

Relationship to Patient: ☐Self ☐Spouse ☐Child ☐Other

SUBSCRIBER'S ADDRESS

CITY, STATE ZIP

PHONE

DATE OF BIRTH / / SEX ☐Male ☐Female

Social Security # of Insured / /

SPOUSE OR GUARDIAN INFORMATION

Name William Orr

SSN DOB

Address of Spouse or Guardian 202 Mossy Wood Dr City Sav. State GA Zip 31405

Spouse or Guardian's Employer Gulfstream

Employer's Address City Savannah State GA Phone 912 477 7785

If Patient is under 18 years of age, please state your relationship to the patient:

Whom may we thank for referring you to us? Lisa Clark

Name of Patient's Employer DOHR

Employer's Address: 1915 Eisenhower Dr.

City, State, Zip: Savannah Ga. Employer's Phone: 356 2011

Name: ORR, JACQUELYN
Chart: 811408
Date: 8/10/2015 Provider: SUNDERRAJ RAMALEGOM

811408-11

ACCIDENT DETAILS

PATIENT'S NAME ORR, JACQUELYN DATE OF BIRTH

Is your visit today the result of a work-related or auto accident? ☐YES ☒NO
If YES, which one?: ☐ Work-Related ☐ AUTO ACCIDENT

Signature of patient or guardian Date 8/10/15

If YES, please complete the following:

1. What happened?
2. Where did the accident occur?
3. When did the accident occur? (DATE)
4. Is there any other insurance coverage (such as a homeowner's policy, school insurance, worker's compensation, etc.) that will pay this bill ? ☐ YES ☒NO
   a. If YES, please give us the information in the space provided for that insurance company:

NAME OF COMPANY INSURED'S NAME

INSURANCE COMPANY ADDRESS

CITY, STATE, ZIP

PHONE POLICY # CLAIM #

ATTORNEY'S NAME ADDRESS PHONE

IF WORK RELATED:
EMPLOYER NAME
EMPLOYER ADDRESS
WAS INJURY REPORTED TO EMPLOYER? ☐ YES ☐ NO
If YES, list the name of the person you spoke with PHONE

AUTO ACCIDENT/OTHER ACCIDENT

When your injuries are the result of an accident and an attorney will be handling your case in court or another party's insurance company is presumed responsible for your charges, the patient is still responsible for payment of the bill. Optim Healthcare cannot be expected to wait for the conclusion of long-term court case or settlement of a disputed insurance claim before being paid. You will be required to make a payment of $360 before being seen and with each visit that follows. You also are responsible for payment of the balance of your bill should charges exceed the $360 you pay at each visit.

WORKER'S COMPENSATION

Patients who are injured on the job should report the injury directly to their employer. The employer will be responsible for directing the employee to a doctor who is listed on their Panel of Physicians. Before we will be able to see you as a patient, we will require you to fax or bring in a letter verifying that your employer will be responsible for your charges. If a patient comes in for a visit without this information, we will have to reschedule the appointment. This information is necessary to avoid the patient being responsible for the bill.

Signature of patient or guardian Date 8/10/15

Name: ORR, JACQUELYN
Chart: 011408
Date: 8/10/2015 Provider: SUNDERRAJ KAMALESON

011408-11

Patient History & Physical

Today's Date: 8/10/2015

Patient Name: ORR, JACQUELYN J (Last / First / Middle)
Date of Birth:
Age: 14 Years
Height: 5'2
Weight: 170

Who is your family Physician? Thelma Maciel
What is your occupation?
What is the reason for today's visit? Head/arm pain
Date symptoms first started: April 2nd 2015 Was this job-related? ☐YES ☑NO
Was this due to an auto accident? ☐YES ☑NO Date of Accident:
Have x-rays pertaining to your injury been made? ☑YES ☐NO Where and When? Chatham Ortho 4/7/15
List all past hospitalizations: C/S 2015
List all past surgeries: 3/20/15 Colonoscopy / 1993 Hernia Repair / 2006 Hysteroscopy
Family History: Please Circle M=Mother F=Father B=Brother S=Sister C=Child

Arthritis:	M	F	B	S	C	OVT:	M	F	B	S	C	Hypertension:	M	F	B	S	C	Other:			
Cancer:	M	F	B	S	C	Heart Disease:	M	F	B	S	C	Malignant Hyperthermia:	M	F	B	S	C		M	F	B	S	C
Cholesterol:	M	F	B	S	C	Heart Failure:	M	F	B	S	C	Stroke:	M	F	B	S	C						
Diabetes:	M	F	B	S	C	Hepatitis:	M	F	B	S	C	Thyroid Disease:	M	F	B	S	C						

Do you have any allergies? ☑YES ☐NO If Yes, please list: Seasonal
Do you have any drug allergies? ☑YES ☐NO If Yes, please list: Aspirin, Depakote

Current Medications	Dose	Current Medications	Dose
Adderall	30 x 2		
Nuvaring	800 mg x 3		
Hydrocodone	300 as needed		
Ambien	as needed		

Pharmacy Name Kroger Address Berwick/Odum
City Nunnal State Ga Phone Number
Do you drink alcohol? (circle one) Yes No If Yes, how much? 2 How often? 2 X Week.
Do you smoke? (circle one) Former Smoker Never Smoked Every Day Smoker Some Day Smoker
Smoker, current status unknown Unknown if ever smoked

Please check any medical problems you have:

PULMONARY	CARDIOVASCULAR	NEUROLOGICAL	ABDOMEN	OTHER	INFANTS
☐ Pulm. Embolism	☐ Peripheral Edema	☐ CVA	☐ Hiatal Hernia	☐ Diabetes	☐ Term Infant
☐ Emphysema	☐ Hypertension	☐ Neurostimulator	☐ Peptic Ulcer Disease	☐ ENT Disorders	
☐ Asthma	☐ Heart Attack (MI)	☐ Epilepsy	☐ Jaundice/Hepatitis Liver Disease	☐ Contact Lens	Complications with Delivery?
☐ Tobacco Use	☐ Rheumatic/Scarlet Fever	☐ Syncope	☐ Alcohol Abuse	☐ Arthritis	☐ No
☐ Pack(s) a day ____ yrs	☐ Murmur	☐ Head/Spinal Injury	☐ GI Disease	☐ Thyroid Disease	☐ Yes ____
☐ Bronchitis	☐ Heart Disease/Failure	☐ Myasthenia Gravis	☐ Rectal Bleeding	☐ Blood Dz	
☐ COPD	☐ Dysrhythmia	☐ Paralysis	☐ Reflux	☐ Bleeding Disease	
☐ Cough	☐ Pacemaker	☐ Polio	☐ Renal Disease	☐ Glaucoma	☐ Breathe to soon
☐ Upper Respiratory Infection	☐ Aortic/Valve	☐ Aneurysm	☐ Incontinence	☐ HIV Tested (+ -)	☐ Language barrier
☐ SOB	☐ Phlebitis	☐ Anxiety/Depression	☐ Reproductive System	☐ Implants	
☐ Sleep Apnea	☐ Chest Pain	☐ Chronic Headaches	☐ LMP ____	☐ Falls Risk	
☐ Pneumonia	☐ Cholesterol	☑ None	☐ Pregnant	☐ Autoimmune Disease	
☐ None	☑ None		☐ Lactation	☐ Herpes	
			☑ None	☐ Varicella	
				☑ None	

Please list any other medical problems you have:

Rev: 09/28/14 3 of 8 OH-FOM

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OPTIM ORTHOPEDICS-SAV OFF

JACQUELYN ORR 000811408 DOB 11/18/2015

CHIEF COMPLAINT: Rt upper extremity pain, improved.

HISTORY OF PRESENT ILLNESS: Ms. Orr is doing better. She saw Dr. Niederwanger who felt that an injection was not indicated. He placed her on Cymbalta. She took 1 Cymbalta and had a GI side effect. She then discontinued the medication. However her symptoms improved significantly with the single dose of Cymbalta.

PAST MEDICAL HISTORY: PMH, PSH, meds, allergies, FH, SH and complete ROS were reviewed with the patient in the patient health history form dated 8/10/2015 and has been signed by me in the chart.

PHYSICAL EXAMINATION: Ms. Orr is an overweight 45-YO RHD WF in NAD.

Psychosocial: A, A&Ox3.

Skin: WD&I

Gait: Normal heel/toe gait.

Rt Upper Extremity: There is no swelling, edema or ecchymosis. She has excellent grip strength. There is no hypersensitivity.

Lt Upper Extremity: There is no swelling, edema or ecchymosis. She has excellent grip strength. There is no hypersensitivity.

DIAGNOSES:
Rt upper extremity RSD.

PLAN:
1. I am going to have her see Dr. Niederwanger next week to discuss options and review Cymbalta.
2. She will return to see me in 6 weeks.

S. Mark Kamaleson, MD

SMK/wz904vh
D: 11/19/2015 T: 11/19/2015
Job ID: 1232872

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OPTIM ORTHOPEDICS-SAV OPF

JACQUELYN ORR 000811408 DOB: 1 10/21/2015

CHIEF COMPLAINT: Rt upper extremity pain.

HISTORY OF PRESENT ILLNESS: Ms. Orr returns for followup. She has been in therapy for the last couple of months. She reports that her symptoms have not improved; however objectively she is improving with her therapeutic measures.

PAST MEDICAL HISTORY: PMH, PSH, meds, allergies, FH, SH and complete ROS were reviewed with the patient in the patient health history form dated 08/10/2015 and has been signed by me in the chart.

PHYSICAL EXAMINATION: Ms. Orr is a 45-YO RHD WF in NAD.

Psychosocial: A, A&Ox3.

Skin: WD&I

Gait: Normal heel/toe gait.

Rt Upper Extremity: There is no swelling, edema or ecchymosis. The trophic changes of the skin have improved. She is slightly hypersensitive.

Lt Upper Extremity: There is no swelling, edema or ecchymosis. There is no tenderness. There is no pain with motion.

DIAGNOSES:
Rt upper extremity RSD. G90.511

PLAN:
1. She will continue on with PT.
2. I am going to have her see Dr. Niederwanger to discuss interventional options including stellate ganglion block.
3. She will return to see me in 6 weeks.

S. Mark Kammeson, MD

SMK/wz90/vh
D: 10/22/2015 T: 10/23/2015
Job ID: 1215273

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OPTIM ORTHOPEDICS-SAV OPF

JACQUELYN ORR 000811408 DOB: 09/23/2015

CHIEF COMPLAINT: Rt upper extremity pain, improving.

HISTORY OF PRESENT ILLNESS: Ms. Orr is doing reasonably well. She is in therapy. She has had improvement in her motion. She feels that the pain is not quite improved yet.

PAST MEDICAL HISTORY: PMH, PSH, meds, allergies, FH, SH and complete ROS were reviewed with the patient in the patient health history form dated 08/10/2015 and has been signed by me in the chart.

PHYSICAL EXAMINATION: Ms. Orr is an overweight 44-YO RHD WF in NAD.

Psychosocial: A, A&Ox3.

Skin: WD&I

Gait: Normal heel/toe gait.

Rt Elbow: There is no swelling, edema, or ecchymosis. There is full flex, ext, pro, and sup. There is no tenderness at the olecranon, med. or lat. epicondyle. The elbow is stable. There are no palpable masses. There is no erythema or warmth.

Lt Elbow: There is no swelling, edema, or ecchymosis. There is full flex, ext, pro, and sup. There is no tenderness at the olecranon, med. or lat. epicondyle. The elbow is stable. There are no palpable masses. There is no erythema or warmth.

Rt Hand: There is no swelling, edema, or ecchymosis. All flexor and extensor tendons are intact. There is full flex and ext at the MP, PIP and DIP joints of all the fingers. There is no triggering. There is no tenderness at the A1 or T1 pulleys. All the MP, PIP, DIP joints are stable. Bunnell's test for intrinsic tightness is negative in all the digits. The flexor tendon sheaths are not tender. There are no palpable masses. There is no erythema or warmth.

Lt Hand: There is no swelling, edema, or ecchymosis. All flexor and extensor tendons are intact. There is full flex and ext at the MP, PIP and DIP joints of all the fingers. There is no triggering. There is no tenderness at the A1 or T1 pulleys. All the MP, PIP, DIP joints are stable. Bunnell's test for intrinsic tightness is negative in all the digits. The flexor tendon sheaths are not tender. There are no palpable masses. There is no erythema or warmth.

DIAGNOSES: Rt upper extremity RSD. 337.21

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JACQUELYN ORR 000811408 DOB 09/23/2015
Page 2

PLAN:

1. I told her that I think she has improved significantly as her motion is normal now. The skin on the dorsum of her hand also has normal sheen to it.
2. Continue physical therapy with RSD protocol.
3. She will return in 6 weeks.

S. Mark Kamaloson, MD

SMK/wz904vh qa951
D: 09/25/2015 T: 09/28/2015
Job ID:1198504

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OPTIM ORTHOPEDICS-SAV OFF

JACQUELYN ORR 000811408 DOB) 08/10/2015

CHIEF COMPLAINT: Rt arm pain and numbness.

HISTORY OF PRESENT ILLNESS: Mrs. Orr states on Apr. 2, 2015, a door frame fell and hit her rt arm. She states she has been getting ongoing treatment for her symptoms. She was seen at Chatham Orthopaedics by Dr. Prather, which they got x-rays and an MRI. She has also seen neurologist, Dr Rosenfeld, which he had gotten EMGs as well. She states she has also been put on Neurontin recently by her neurologist and this seems to have helped alleviate some of her symptoms. She has been previously diagnosed with reflex sympathetic dystrophy. She states she is having a constant sharp pain that is aggravated by lifting and typing at work. She states that Neurontin and rest have alleviated some of her symptoms.

PAST MEDICAL HISTORY: PMH, PSH meds, allergies, FH, SH and 9-point ROS were reviewed with the patient in the patient health history form dated 08/10/15, and has been signed by me in the chart.

PHYSICAL EXAMINATION: Mrs. Orr is an overweight 44-YO RHD WF in NAD.

Psychosocial: A, A&Ox3.

Skin: WD&I

Gait: Normal heel/toe gait.

Rt Hand: There is no swelling, edema, or ecchymosis. All flexor and extensor tendons are intact. There is full flex and ext at the MP, PIP and DIP joints of all the fingers. There is no triggering. There is no tenderness at the A1 or T1 pulleys. All the MP, PIP, DIP joints are stable. Bunnell's test for intrinsic tightness is negative in all the digits. The flexor tendon sheaths are not tender. There are no palpable masses. There is no erythema or warmth.

Lt Hand: There is no swelling, edema, or ecchymosis. All flexor and extensor tendons are intact. There is full flex and ext at the MP, PIP and DIP joints of all the fingers. There is no triggering. There is no tenderness at the A1 or T1 pulleys. All the MP, PIP, DIP joints are stable. Bunnell's test for intrinsic tightness is negative in all the digits. The flexor tendon sheaths are not tender. There are no palpable masses. There is no erythema or warmth.

Neurological Hand: Phalen's test positive immediately on the rt and negative on the lt. Elbow flexion tests are negative. Tinel's percussion of the median and ulnar nerves at the elbow and wrist respectively are negative bilaterally. There is no weakness or atrophy in the APB or ADQ muscles bilaterally.

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JACQUELYN ORR 000811408 DOB: 08/10/2015
Page 2

X-RAYS: MRI of the C-spine was reviewed from South Coast Medical Group dated 04/20/15 and revealed mild DDD. Impression: Mild DDD. No canal foraminal stenosis. No intrinsic cord abnormality.

ASSESSMENT: Rt upper extremity reflex sympathetic dystrophy 337.21.

PLAN:
1 PT with Dystrophilic stress-loading device.
2. Patient will follow-up in 4 weeks.

Dr. Kamaleson has reviewed and agrees with the above listed plan.

Jamie E. Wells, NP-C

S. Mark Kamaleson, MD

JEW/wz903lh
D: 08/12/2015 T: 08/14/2015
Job ID:1172060

cc: Thomas G Morlarity M.D. III
853

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SAVANNAH

JACQUELYN ORR 000811408 DOI 11/23/2015

CHIEF COMPLAINT: Right upper extremity pain with CRPS.

HISTORY OF PRESENT ILLNESS: This 45-year-old female was last seen on 10/27/2015. I started her on Cymbalta. She took one Cymbalta 30 mg on 10/27, the same day I prescribed it to her. She had quite a lot of side effects with nausea, diarrhea, shakes, sweatiness, and the next day she felt horrible. However, then the day afterward the pain was almost completely gone and this has lasted until now. She feels a very significant difference and improvement. She, however, did not take any further Cymbalta due to the side effects. She feels she is doing much better. She took the Mobic, but it I did not help and she discontinued it. She is taking gabapentin 800 mg every 8 hours. She is taking Percocet once or twice a day and has around 10 pills left. She denies any side effects from the Percocet. It helps her functional level and decreases her pain and improves her functional level.

PAST MEDICAL HISTORY: Past medical history, review of systems and social history are unchanged from 10/27/2015.

PHYSICAL EXAMINATION: Female patient. Alert and oriented x3. Speech is clear. Normal tone. Pulse 100. Weight 178 pounds. Blood pressure 130/81. No rash, erythema or open lesions. There is tenderness in the right forearm, upper trapezius area and cervical paraspinal area. No clear swelling noted today.

ASSESSMENT: Patient with right upper extremity pain with possible CRPS type syndrome status post a fall onto her forearm in April 2015.

PLAN: I had a discussion with the patient. I cannot fully explain at all why she would get excellent benefit from using the Cymbalta one time in the evening. She had quite a lot of side effects that started 20 minutes after she took the pill. However, she is overall significantly better since that. We will continue her on the Percocet and the gabapentin. I will see her back in a couple of months. Her urine drug screen previously was positive for hydrocodone and oxycodone. She will call me for any problems.

Warmest regards,

M Niederwanger

Markus Niederwanger, MD

MN/wz939ow
D: 11/23/2015 T: 11/24/2015
Job ID: 1234581

cc: S. Mark Kamaleson, MD
11

Thomas G. Moriarity, III, DO
853

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SAVANNAH

JACQUELYN ORR 000811408 DOB: 10/27/2015

REFERRING PHYSICIAN: S. Mark Kamaleson, MD

PRIMARY CARE PHYSICIAN: Thomas G. Moriarity, III, DO

CHIEF COMPLAINT: Right upper extremity pain.

HISTORY OF PRESENT ILLNESS: This 45-year-old right-handed female patient is referred by Dr. Kamaleson for CRPS of the right upper extremity. The patient reports that in April a door frame fell on her right forearm and she then developed right forearm pain. This has been worsening and also expanding up the arm into the shoulder and even some in the right neck area. No pain on the left side at all. She has had an EMG and reports this was normal. She has had MRIs of the cervical spine and right upper extremity. She has seen neurologists and has seen Dr. Kamaleson and was told she has "RSD". She has been using hydrocodone and more recently oxycodone. She has some benefit with the oxycodone. She was tried on Lyrica and this helped her, but it caused swelling and therefore she was switched over to gabapentin and uses currently 800 mg t.i.d. with some benefit and without side effect. She feels the pain is a pins and needle type pain, burning, tingling, sharp, electric shock type pain. She often times feels there is swelling in the right hand and temperature differences as well. She feels there are some skin changes often times in the right forearm as compared to the left forearm. She rates her pain as 5 out of 10. Her functional level is significantly decreased. She has a difficult time functioning at work.

The pain is day and night.

She feels some numbness and weakness in the right upper extremity. She does not feel any clear allodynia. Touch sometimes increases the pain but not typically.

Her main pain is in the right forearm mostly dorsal and in the right arm and right shoulder area and neck area and even down in the shoulder blade area.

She denies any pain prior to the event with the door frame.

PAST MEDICAL HISTORY: Past medical history, review of systems, social history, family history, medications and allergies were all reviewed on the history and physical intake sheet, initialed by me and are filed in the chart. She denies tobacco use, has 1 drink a day, denies illicit drug use, substance abuse history, addiction history or family history of addiction.

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JACQUELYN ORR 000811408 DOB: 10/27/2015
Page 2

DIAGNOSTIC STUDIES: EMG of the upper extremity is reported as normal, MRI of the right upper extremity is reported as normal. MRI of the cervical spine with mild degenerative changes without any neural foraminal narrowing.

PHYSICAL EXAMINATION: Female patient. Alert and oriented x3. Speech is clear. Normal tone. No rash, erythema or open lesions are noted. Height 5'2" tall. Weight 177 pounds. Blood pressure 126/84. Pulse 100. There is tenderness in the right forearm, upper trapezius area and cervical paraspinal area. No clear allodynia. There is tenderness to palpation. There are very subtle skin changes in the right dorsal forearm noted. There is some swelling noted in the right dorsal forearm. ROM. Heart with regular rate and rhythm. Lungs are clear. Abdomen soft, nontender, nondistended. Hawkins and Neer tests do not cause any clear pain. There is no clear focal weakness or clear numbness. There is slight decrease to light touch but also some pain with palpation in the forearm noted on the right side. Deep tendon reflexes are symmetric.

Gait is bipedal.

ASSESSMENT: Patient with right upper extremity pain especially in the forearm but also expanding up the arm and into the right cervical area and periscapular area. She may be suffering from a CRPS type of syndrome status post a door frame falling on her forearm in April 2015. Imaging workup without any clear etiology. No clear cervical etiology is noted.

PLAN: I had a long discussion with the patient. I spent at least 45 minutes face to face with her and her husband discussing treatment options. I would like her to discontinue the hydrocodone and currently only use the Percocet 10 mg b.i.d. p.r.n. for pain. She will continue the gabapentin at 800 mg t.i.d. I will add on Cymbalta 30 mg once a day for 2 weeks and then increase to 60 mg if she tolerates it well to see if this can help the neuropathic pain. I will give her some Mobic 7.5 mg once a day that she can take during the day at work. She is not able to use any opioids at work. She has been using Ibuprofen 800 mg several times a day on and off since April. I educated her about all side effects and risks with prolonged anti-inflammatory use. She has no history of GI problems.

I will also give her a disc to review about a spinal cord stimulator to see if this is something that she would be interested in. I believe that this may be a treatment that might give her significant benefit with her intractable pain.

I will then see her back in 4 weeks for reassessment.

I ordered a 12-panel urine drug screen in clinic today to evaluate for any illicit substances. This was positive for opioids and oxycodone as expected and also for amphetamine. We will await confirmation testing. I reviewed a Georgia PDMP report. She receives amphetamine salts which

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explains the positive for amphetamine on the urine drug screen. She received some hydrocodone10/08/2015 from Dr. Moriarity.

Warmest regards,

Markus Niederwanger, MD

MN/wz939ow
D: 10/27/2015 T: 10/28/2015
Job ID:1218453

cc: S. Mark Kamaleson, MD
11

Thomas G. Moriarity, III, DO
853

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occupational therapy

Discharge Summary

Patient Name JACQUELYN J ORR	Visit Date 10/26/2016 Discharge Date 10/26/2016
Address	Referred by Mark Kamaleson
	Medical Diagnosis G90.511 Complex regional pain syndrome I of right upper limb Treatment Diagnosis M79.641 Pain in right hand
MRN 811403	
Date of Birth	

JACQUELYN ORR is a 46 years year old female seen at the optim occupational therapy Savannah-Veronna office for an Occupational Therapy evaluation from 08/12/2016 through 10/26/2016.

Total Number of Visits In This Episode 11

Last Visit Date 10/26/2016

Chief Complaint
Ms. ORR is a 46 year old female. She has a chief complaint of muscle weakness and Pain in upper extremity / arm.

History of Present Illness Or Injury
Current problem(s) began 04/02/2015. Patient is a 44 y/o R handed female who had a door frame fall and strike her on the radial aspect of her right FA. Since she has had shooting pain, minor edema,. These complaints are exacerbated by carrying, lifting, reaching and repetitions of (computer work). These complaints are reduced by resting. The patient is under the care of e/an neurology and orthopedist for these complaints.
Surgical History: hysterectomy and Deviated septum, hernia repair.
Allergies: any medications (Aspirin and septra)

Patient History

Social History
Lives with spouse/significant other.

Systems Review
Communication, Affect, Orientation, Cognition and Learning
Learning barriers: Vision (blurred vision with reading/writing since neuroma)
Education needs: education needs: disease process and exercise program
Learning style: reading, listening and demonstration

Patient Status at Discharge

Patient Name JACQUELYN ORR
MRN 811403

Patient did not return for further tx sessions. We will DC patient at this time as she explores other ideas for her condition.

Occupational Therapy Evaluation

Problem List / Impairments: edema, muscle strength, pain and range of motion

Functional Limitations: performance in leisure activities, performance in self-care ADL and performance in work activities

Clinical Impression: Patient presents with decreased AROM and increased pain in the R UE associated with RSD. She will continue with OT to work on a Dysfunctional program.

Plan of Care

Short Term Goals:
1. Patient will be independent with dysfunctional HEP in 3 weeks. Achieved (8/31/2016)
2. Decrease R UE pain to 6/10 at its worst to enable patient to perform dressing, grooming, meal prep, and light home management tasks in 3 weeks. Achieved (8/31/2016)
3. Patient will give accurate return demonstration of their home exercise program in 4 weeks. Achieved (8/31/2016)

Long Term Goals:
1. Decrease R UE pain to 2/10 at its worst to enable patient to perform daily functional activities with independence and return to normal work related tasks in 6 weeks. Ongoing (10/14/2016)
2. Patient will increase AROM of R wrist to 65/65 degrees for leisure activities in 6 weeks. Ongoing (10/14/2016)
3. Increase R grip to 45 lbs to enable the patient to be independent with acute tasks in 6 weeks. Ongoing (10/14/2016)
4. Patient will verbalize understanding of precautions and the rehabilitation process in 2 weeks. Achieved (8/31/2016)
5. Patient will be independent in performance of the following ADLs: home management, care giving tasks, and using hand tools in 6 weeks. Ongoing (10/14/2016)

Occupational Therapy Interventions

Procedure/ Interventions	Min.	Parameters	Objectives	Precautions	Patient Response
Therapeutic Activities - dexterity/ coordination training	02	Dysfunctional - carrying, brushing and weight bearing, web press, putty press with palm - green, gripper peg w/5 x 1, 10# wt carry for 6 min, wall push up on theraball, gripper peg w/4 x 1,	Decrease R UE pain to 2/10 at its worst to enable patient to perform daily functional activities with independence and return to normal work related tasks., Decrease R UE pain to 6/10 at its worst to enable patient to perform dressing, grooming, meal prep, and light home management tasks., Patient will be independent in performance of the following ADLs: home management, care giving tasks, and using hand tools		Added gripper peg.
Therapeutic Exercise - ROM exercises	16	6# bicep curls x 10, 5wt FA bar x 20, UBE lvl 4 x 10 min.	Impairment Limitations - Muscle Strength		

Michael Bob Phillips, OTR

Occupational Therapist Signature
Michael Bob Phillips 172
Date Report Signed 12/04/2015

Date Report Signed 12/04/2015

Physician Signature
Mark Kamalesan
Date Report Signed

Patient Name JACQUELYN ORR
MRN 011408

optim
occupational therapy

Progress Report

Patient Name: JACQUELYN J ORR	Date: 04/26/2016
Address:	Referred by: Mark Kemelson
	Medical Diagnosis: 337.21 REFLEX SYMPATHETIC DYSTROPHY OF THE UPPER LIMB Treatment Diagnosis: 729.5 PAIN IN LIMB
DOB: 01/14/68	
Date of Birth:	

JACQUELYN ORR is a 47 years year old female who presented with initial complaint(s) of muscle weakness and pain. JACQUELYN ORR was seen at the optim occupational therapy Savannah-Daromo place for an Occupational Therapy evaluation on 04/12/2016. Since that time, she has been seen for 7 occupational therapy visits. The following shows JACQUELYN ORR's progress / status through 04/26/2016

Range of Motion - Elbow

Elbow ROM (Active)
(Right / Left)

ROM	Pain		ROM	Pain
135	Yes	Flexion	145	No
-10	Yes	Extension	-10	No
85	Yes	Supination	90	No
85	Yes	Pronation	85	No

Range of Motion - Wrist

Wrist Active ROM
(Right / Left)

ROM		ROM
60	Flexion	60
60	Extension	75

Index Grip Test

Index Grip Test
(Right / Left)

1	2	3	Max	Avg	CV	Deficit	Deficit to Norms		1	2	3	Max	Avg	CV	Deficit to Norms
35	30	31	35	33	6.65	-41.27	54%	U	65	60	69	65	64.7	11.00	97%

Occupational Therapy Evaluation

Problem List / Impairments: edema, muscle strength, pain and range of motion

Functional Limitation: performance in leisure activities, performance in self-care ADL and performance in work activities

Clinical Impression: Patient presents with decreased AROM and increased pain in the R UE associated with RSD. She will continue with OT to work on a Dystrophile program.

Plan of Care

Short Term Goals:
1. Patient will be independent with dystrophile HEP in 3 weeks. Achieved (8/31/2016)
2. Decrease R UE pain to 6/10 at its worst to enable patient to perform dressing, grooming, meal prep, and light home management tasks in 6 weeks. Achieved (8/31/2016)
3. Patient will give accurate return demonstration of their home exercise program in 4 weeks. Achieved (8/31/2016)

Long Term Goals:
1. Decrease R UE pain to 2/10 at its worst to enable patient to perform daily functional activities with independence and return to normal work related tasks in 6 weeks. Ongoing (8/31/2016)
2. Patient will increase AROM of R wrist to 65/65 degrees for leisure activities in 6 weeks. Ongoing (8/31/2016)
3. Increase R grip to 45 lbs to enable the patient to be independent with self-care tasks in 6 weeks. Ongoing (8/31/2016)
4. Patient will verbalize understanding of precautions and the rehabilitation process in 2 weeks. Achieved (8/31/2016)
5. Patient will be independent in performance of the following ADL or home management, care giving tasks, and using hand tools in 6 weeks. Ongoing (8/31/2016)

Occupational Therapy Interventions

Procedural Interventions	Min.	Parameters	Objectives	Precautions	Patient Response
Therapeutic Activities -dexterity/ coordination training	60	Dystrophile - carrying, brushing and weight bearing, web press, putty press with pain - guided, gripper peg wt x 1, 5# wt carry for 8 min, wall push up on theraball.	Decrease R UE pain to 2/10 at its worst to enable patient to perform daily functional activities with independence and return to normal work related tasks., Decrease R UE pain to 6/10 at its worst to enable patient to perform dressing, grooming, meal prep, and light home management tasks., Patient will be independent in performance of the following ADL or home management, care giving tasks, and using hand tools		
Whirlpool Hydrotherapy	10	whirlpool - R @ 100 degrees.	Sensory input to address hypersensitivity.	No contraindications	No skin irritation noted.
Physical Performance Tests or measurement	15	New measurements from eval in tx.	Impairment Limitations - Pain, Impairment Limitations - Range of Motion		

Patient/Caregiver comments: Patient reports her pain level is 4/10. "I am still hurting."

Therapist Summary on Status/Progress Patient returns to therapy after missing for about three weeks. She states there was an lapse in approval from her insurance company. We reassessed the patient and her AROM is WNL. Her grip strength is low compared to the uninjured side. We will continue with dysphonia program at this time.

Frequency & Duration 3/Week X 4/Week(s)

Occupational Therapist/Assistant Signature
Michael Bob Phelps 172

Date Report Signed 03/28/2015

Physician Signature
Mark Kamaleson

Date Report Signed

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Visit Note

Patient Name JACQUELYN J ORR	Start of Care Date 08/12/2015
Address	Visit Date 10/26/2015
Visit Name OT Visit	Referred by Mark Kamaleson
MRN 011408	Medical Diagnosis G90.511 Complex regional pain syndrome I of right upper limb Treatment Diagnosis M79.641 Pain in right hand, M25.531 Pain in right wrist, M25.521 Pain in right elbow, M25.511 Pain in right shoulder, M62.81 Muscle weakness (generalized)
Date of Birth	

JACQUELYN ORR was seen at optim occupational therapy Savannah-Daisons office for a Occupational Therapy visit on 10/26/2015.

Ms. ORR is a 45 year old female. She has a chief complaint of muscle weakness and Pain in upper extremity / arm.

Current problem(s) began 04/02/2015. The problem(s) affect the Right side. Patient is a 44 y/o R handed female who had a door frame fall and strike her on the radial aspect of her mid FA. Since she has had shooting pain, minor edema,. These complaints are exacerbated by carrying, lifting, reaching and repetitions of (computer work). These complaints are reduced by resting. The patient states that the pain at its best is 3 out of a rating scale of 10. The pain at its worst is 10/10. The pain at present is 4/10. The patient is under the care of a/an neurologist and orthopedist for these complaints.
Surgical History: hysterectomy and Deviated septum, hernia repair.
Allergies: any medications (Aspirin and septra)

Subjective

Patient reports her pain level is 4/10. "I had a good week last week and before that it was really bad. I can't figure out why I have good weeks and bad weeks. I don't change anything."

Subjective Pain

Able to rate subjective pain? Yes
Pre-Treatment 3
Post-Treatment 4

Objective

Treatment

Procedural Interventions	Min.	Parameters	Objectives	Precautions	Patient Response
Therapeutic Activities -dexterity/ coordination training	32	Dystrophic - carrying, brushing and weight bearing, Web press, putty press with palm - green, gripper peg w6 x 1, 10# wt carry for 5 min, wall push up on theraball, gripper peg w4 x 1,	Decrease R UE pain to 2/10 at its worst to enable patient to perform daily functional activities with independence and return to normal work related tasks., Decrease R UE pain to 6/10 at its worst to enable patient to perform dressing, grooming, meal prep, and light home management tasks., Patient will be independent in performance of the following ADLs: home management, care giving tasks, and		Added gripper peg.

			Using hand tools		
Therapeutic Exercise -ROM exercises	15	6# Rope curls x 10, 3# FA bar x 20, UBE lvl 4 x 10 min.	Impairment Limitations - Muscle Strength		

Assessment

Problem List / Impairments: edema, muscle strength, pain and range of motion

Functional Limitations: performance in leisure activities, performance in self-care ADL and performance in work activities

Clinical Impression: Patient presents with decreased AROM and increased pain in the R UE associated with RSD. She will continue with OT to work on a Dystrophile program.

Plan of Care
Short Term Goals:
1. Patient will be independent with dystrophile HEP in 6 weeks. Achieved (8/31/2015)
2. Decrease R UE pain to 6/10 at its worst to enable patient to perform dressing, grooming, meal prep, and light home management tasks in 3 weeks. Achieved (8/31/2015)
3. Patient will give accurate return demonstration of their home exercise program in 4 weeks. Achieved (8/31/2015)

Long Term Goals:
1. Decrease R UE pain to 2/10 at its worst to enable patient to perform daily functional activities with independence and return to normal work related tasks in 6 weeks. Ongoing (10/14/2015)
2. Patient will increase AROM of R wrist to 65/65 degrees for leisure activities in 6 weeks. Ongoing (10/14/2015)
3. Increase R grip to 45 lbs to enable the patient to be independent with scuba tasks in 6 weeks. Ongoing (10/14/2015)
4. Patient will verbalize understanding of precautions and the rehabilitation process in 2 weeks. Achieved (8/31/2015)
5. Patient will be independent in performance of the following ADLs: home management, care giving tasks, and using hand tools in 6 weeks. Ongoing (10/14/2015)

Therapist Summary on Status/Progress: Patient states she had a better week last week although she does not understand why as there was no change in her routine. She is working hard with dystrophile protocol including all types of weight loading through the R UE. We will continue with POC.

Plan

1. Occupational Therapy Evaluation, Education
2. Manual Therapy Techniques
3. Manual Therapy Techniques , Joint mobilization/manipulation
4. Therapeutic Exercise
5. Therapeutic Exercise, ROM exercises
6. Therapeutic Activities, dexterity/ coordination training
7. Whirlpool, fluidotherapy
8. Iontophoresis
9. Hot/Cold packs
10. Paraffin Bath
11. Ultrasound

Frequency & Duration 3/Week X 4/Week(s)

Michael B Phillips, OTR

Occupational Therapist/Assistant Signature
Michael Bob Phillips 172
Date Report Signed 10/26/2015

Date Report Signed 10/26/2015

Patient Name JACQUELYN ORR
MRN 011400

optum
occupational therapy

Visit Note

Patient Name JACQUELYN J ORR	Start of Care Date 08/12/2016
Address	Visit Date 10/14/2016
Visit Name OT Visit	Referred by Mark Ramaleson
MRN 011409	Medical Diagnosis G90.511 Complex regional pain syndrome I of right upper limb Treatment Diagnosis M70.041 Pain in right hand, M25.531 Pain in right wrist, M25.521 Pain in right elbow, M25.511 Pain in right shoulder, R62.81 Muscle weakness (generalized)
Date of Birth	

JACQUELYN ORR was seen at optum occupational therapy Savannah Gerenne office for a Occupational Therapy visit on 10/14/2016.

Ms. ORR is a 44 year old female. She has a chief complaint of muscle weakness and Pain in upper extremity / arm.

Current problem(s) began 04/02/2016. The problem(s) affect the Right side. Patient is a 44 y/o R handed female who had a door frame fall and strike her on the radial aspect of her mid FA. Since she has had shooting pain, minor edema,. These complaints are exacerbated by carrying, filing, reaching and repetitions of (computer work). These complaints are reduced by resting. The patient states that the pain at its best is 3 out of a rating scale of 10. The pain at its worst is 10/10. The pain at present is 4/10. The patient is under the care of a/an neurologist and orthopedist for these complaints.
Surgical History: hysterectomy and Deviated septum, hernia repair.
Allergies: any medications (Aspirin and aspirin)

Subjective

Patient reports her pain level is 4/10. "I had a really bad weekend but Monday my pain was only 2/10. I haven't noticed a real change."

Subjective Pain

Able to rate subjective pain? Yes
Pre-Treatment 4
Post-Treatment 5

Objective

Range of Motion - Elbow

Right Elbow ROM (Active)

	ROM
Flexion	WNL
Extension	WNL
Supination	WNL
Pronation	WNL

Treatment

Procedural Interventions	Min.	Parameters	Objectives	Precautions	Patient Response
Therapeutic	8	8# Hoop curls, 3x1	Impairment Limitations - Muscle		advanced

Exercise -ROM exercises		FA bar, UBE lvl 4 x 10 min.	Strength		M on UBE
Therapeutic Activities -dexterity/ coordination training	30	Dystrophic - carrying, brushing and weight bearing, wob press, putty press with pain - green, gripper peg wb x 1, 10# wl carry for 6 min, wall push up on therawall.	Decrease R UE pain to 2/10 at its worst to enable patient to perform daily functional activities with independence and return to normal work related tasks., Decrease R UE pain to 0/10 at its worst to enable patient to perform dressing, grooming, meal prep, and light home management tasks., Patient will be independent in performance of the following ADLs: home management, care giving tasks, and using hand tools		Increased weight carry.

Assessment

Problem List / Impairment: edema, muscle strength, pain and range of motion

Functional Limitations: performance in leisure activities, performance in self-care ADL and performance in work activities

Clinical Impression: Patient presents with decreased AROM and increased pain in the R UE associated with RSD. She will continue with OT to work on a Dystrophic program.

Plan of Care
Short Term Goals:
1. Patient will be independent with dystrophic HEP in 6 weeks. Achieved (8/31/2015)
2. Decrease R UE pain to 0/10 at its worst to enable patient to perform dressing, grooming, meal prep, and light home management tasks in 6 weeks. Achieved (8/31/2015)
3. Patient will give accurate return demonstration of their home exercise program in 4 weeks. Achieved (8/31/2015)

Long Term Goals:
1. Decrease R UE pain to 2/10 at its worst to enable patient to perform daily functional activities with independence and return to normal work related tasks in 6 weeks. Ongoing (10/14/2015)
2. Patient will increase AROM of R wrist to 65/65 degrees for leisure activities in 6 weeks. Ongoing (10/14/2015)
3. Increase R grip to 45 lbs to enable the patient to be independent with scuba tasks in 6 weeks. Ongoing (10/14/2015)
4. Patient will verbalize understanding of precautions and the rehabilitation process in 2 weeks. Achieved (8/31/2015)
5. Patient will be independent in performance of the following ADLs: home management, care giving tasks, and using hand tools in 6 weeks. Ongoing (10/14/2015)

Therapist Summary on Status/Progress: Patient AROM is WNL at this time. She continues to have pain in the R UE with daily tasks. We will advance her as tolerated with dystrophic techniques. Continue with POC.

Plan
1. Occupational Therapy Evaluation, Education
2. Manual Therapy Techniques
3. Manual Therapy Techniques , Joint mobilization/manipulation
4. Therapeutic Exercise
5. Therapeutic Exercise, ROM exercises
6. Therapeutic Activities, dexterity/ coordination training

7. Whirlpool, hubbatherapy
8. Iontophoresis
9. Hot/Cold packs
10. Paraffin Bath
11. Ultrasound
Frequency & Duration: 6Week X 4Week(s)

Michael Bob Phillips, OTR/L

Occupational Therapist/Assistant Signature
Michael Bob Phillips 172
Date Report Signed 10/14/2016

Date Report Signed 10/14/2016

Patient Name JACQUELYN ORR
MRN 011408

optim
occupational therapy

Visit Note

Patient Name JACQUELYN J ORR	Start of Care Date 08/12/2015
Address	Visit Date 10/07/2015
Visit Name OT Visit	Referred by Mark Kamaleson
MRN 61408	Medical Diagnosis G90.61 Complex regional pain syndrome I of right upper limb Treatment Diagnosis M79.641 Pain in right hand, M25.531 Pain in right wrist, M25.521 Pain in right elbow, M25.511 Pain in right shoulder, M62.81 Muscle weakness (generalized)
Date of Bkd	

JACQUELYN ORR was seen at optim occupational therapy Savannah-Pooler offices for a Occupational Therapy visit on 10/07/2015.

Ms. ORR is a 44 year old female. She has a chief complaint of muscle weakness and Pain in upper extremity / arm.

Current problem(s) began 04/02/2015. The problem(s) affect the Right side. Patient is a 44 y/o R handed female who had a door frame fall and strike her on the radial aspect of her mid FA. Since she has had shooting pain, minor edema,. These complaints are exacerbated by carrying, lifting, reaching and repetitions of (computer work). These complaints are reduced by resting. The patient states that the pain at its best is 3 out of a rating scale of 10. The pain at its worst is 10/10. The pain at present is 4/10. The patient is under the care of a/an neurologist and orthopedist for these complaints.
Surgical History: hysterectomy and Deviated septum, hernia repair.
Allergies: any medications (Aspirin and septra)

Subjective

"My pain has been worse the past couple weeks." States pain is 6/10 pre tx and 6-7 post tx. States before her pain was just not getting better, now it seems worse. She became emotional about the pain and how her function has changed from her condition, "I just want the pain to go away."

Subjective Pain

Able to rate subjective pain? Yes
Pre-Treatment 6
Post-Treatment 7

Objective

Treatment

Procedural Interventions	Min.	Parameters	Objectives	Precautions	Patient Response
Therapeutic Exercise -ROM exercises	15	8# bicep curls, 8# FA bar, UBE M 4 x 8 min.	Impairment Limitations - Muscle Strength		able to complete, unable to advance today
Therapeutic Activities -dexterity/ coordination training	25	Dystrophic - carrying, bashing and weight bearing, web press, putty press with palm -	Decrease R UE pain to 2/10 at its worst to enable patient to perform daily functional activities with independence and return to normal work related tasks. Decrease R UE pain to 0/10 at		slight increase in pain post tx

		green, gripper peg w5 x 1, 5# wt carry for 5 min, wall push up on therawall.	IIs worst to enable patient to perform dressing, grooming, meal prep, and light home management tasks., Patient will be independent in performance of the following ADLs: home management, care giving tasks, and using hand tools		

Assessment

Problem List / Impairments: edema, muscle strength, pain and range of motion

Functional Limitations: performance in leisure activities, performance in self-care ADL and performance in work activities

Clinical Impression: Patient presents with decreased AROM and increased pain in the R UE associated with RSD. She will continue with OT to work on a Dysphoflo program.

Plan of Care
Short Term Goals:
1. Patient will be independent with dysphoflo HEP in 4 weeks. Achieved (8/31/2016)
2. Decrease R UE pain to 6/10 at its worst to enable patient to perform dressing, grooming, meal prep, and light home management tasks in 8 weeks. Achieved (8/31/2016)
3. Patient will give accurate return demonstration of their home exercise program in 4 weeks. Achieved (8/31/2016)

Long Term Goals:
1. Decrease R UE pain to 2/10 at its worst to enable patient to perform daily functional activities with independence and return to normal work related tasks in 8 weeks. Ongoing (10/6/2016)
2. Patient will increase AROM of R wrist to 65/85 degrees for leisure activities in 8 weeks. Ongoing (10/6/2016)
3. Increase R grip to 45 lbs to enable the patient to be independent with scuba tasks in 8 weeks. Ongoing (10/6/2016)
4. Patient will verbalize understanding of precautions and the rehabilitation process in 2 weeks. Achieved (8/31/2016)
5. Patient will be independent in performance of the following ADLs: home management, care giving tasks, and using hand tools in 8 weeks. Ongoing (10/6/2016)

Therapist Summary on Status/Progress She may benefit from a TENS unit or trial in clinic to see if pain resolves. Her pain was worse today and I did not advance tx due to this, but she was able to complete current program

Plan
1. Occupational Therapy Evaluation, Education
2. Manual Therapy Techniques
3. Manual Therapy Techniques , Joint mobilization/manipulation
4. Therapeutic Exercise
5. Therapeutic Exercise, ROM exercises
6. Therapeutic Activities, dexterity/ coordination training
7. Whirlpool, fluidotherapy/
8. Iontophoresis
9. Hot/Cold packs
10. Paraffin Bath
11. Ultrasound
Frequency & Duration 3/Week X 4/Week(s)

Occupational Therapist/Assistant Signature
Lisa Smith 170
Date Report Signed 10/07/2015

Date Report Signed 10/07/2015

Patient Name JACQUELYN ORR
MRN 811408

optim
occupational therapy

Visit Note

Patient Name JACQUELYN J ORR	Start of Care Date 03/12/2016
Address	Visit Date 10/05/2016
Visit Name OT Visit	Referred by Mark Remaleson
MRN 011408	Medical Diagnosis G90.511 Complex regional pain syndrome I of right upper limb Treatment Diagnosis M79.641 Pain in right hand, M25.531 Pain in right wrist, M25.521 Pain in right elbow, M25.511 Pain in right shoulder, M62.81 Muscle weakness (generalized)
Date of Birth	

JACQUELYN ORR was seen at optim occupational therapy Savannah-Abercorn office for a Occupational Therapy visit on 10/05/2016.

Ms. ORR is a 44 year old female. She has a chief complaint of muscle weakness and Pain in upper extremity / arm.

Current problem(s) began 04/02/2015. The problem(s) affect the Right side. Patient is a 44 y/o R handed female who had a door frame fell and strike her on the radial aspect of her mid FA. Since she has had shooting pain, minor edema,. These complaints are exacerbated by carrying, lifting, reaching and repetitions of (computer work). These complaints are reduced by resting. The patient states that the pain at its best is 3 out of a rating scale of 10. The pain at its worst is 10/10. The pain at present is 4/10. The patient is under the care of a/an neurologist and orthopedist for these complaints.
Surgical History: hysterectomy and Deviated septum, hernia repair.
Allergies: any medications (Aspirin and Septra)

Subjective
Patient reports her pain level is 4/10. "My arm hurt pretty bad over the weekend."

Subjective Pain
Able to rate subjective pain? Yes
Pre-Treatment 4
Post-Treatment 6

Objective

Treatment

Procedural Interventions	Min.	Parameters	Objectives	Precautions	Patient Response
Therapeutic Exercise -ROM exercises	15	6# bicep curls, 6# PA bar, UBE lvl 4 x 8 min.	Impairment Limitations - Muscle strength		
Therapeutic Activities -dexterity/ coordination training	35	Dystrophic - carrying, brushing and weight bearing, web press, putty press w/o pain - green, gripper peg w/8 x 1, 6# w/ carry for 6 min, wall push up on therabell.	Decrease R UE pain to 2/10 at its worst to enable patient to perform daily functional activities with independence and return to normal work related tasks., Decrease R UE pain to 6/10 at its worst to enable patient to perform dressing, grooming, meal prep, and light home management tasks., Patient will be independent in performance of the		Advanced activities.